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Child Abuse and Neglect

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An independent academic psychologist, based in England, who has written extensively on different areas of psychology with an emphasis on the critical stance towards traditional ideas.

A complete listing of his writings at http://psychologywritings.synthasite.com/.

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1. ADVERSE CHILDHOOD EXPERIENCES (ACEs) AND EDUCATION

1.1. INTRODUCTION

What is the role of childhood traumatic stress (or ACEs) in learning and education? Dube and McGiboney (2018) introduced a series of articles on the subject.

Dube and McGiboney (2018) stated: "We now know that ACEs are a form of developmental trauma that are widespread and put exposed individuals at an elevated risk for substance abuse, mental health problems, and physical disorders throughout the lifespan. Research in the neurobiological sciences has documented that forms of abuse, neglect, and related household stressors can negatively impact healthy brain development in childhood resulting in biobehaviors that increase the risk of negative health outcomes" (p3).

On the positive side, "schools can serve as a safe haven even amidst a violent community" (Dube and McGiboney 2018 p3). O'Donnell et al (2011), for example, found that children exposed to violence in the community had lower levels of post-traumatic stress in a positive school climate. While "a school climate characterised as unsupportive, unduly critical, overly competitive, and unsafe will compromise, threaten, or weaken the potentially positive impacts of any educational practice, program, policy, or intervention geared to improve student outcomes" (Dube and McGiboney 2018 p4).

1.2. CHILDHOOD MALTREATMENT

Child maltreatment has a negative influence on educational outcomes (eg: examination success; school drop-out), and the key mechanism is poor school

attendance (eg: unexcused or prolonged absenteeism; truancy).

Hagborg et al (2018) reported a study on the relationships between unexcused absenteeism and child maltreatment among Swedish adolescents. The sample was taken from 1520 12-18 year-olds on the "Longitudinal Research on Development in Adolescence" (LoRDIA) programme. This was an ongoing longitudinal study that collected data annually (Boson et al 2016). Data from 667 female and 649 male 13-14 year-olds collected in 2015 were used here.

Absenteeism was self-reported as 0, 1-3, 4-10, and more than ten times in a term [1]. The Childhood Trauma Questionnaire-Short Form (CTQ-SF) (Bernstein et al 2003) was completed for childhood maltreatment. It has items related to physical abuse, sexual abuse, emotional abuse, physical neglect, and emotional neglect (table 1.1). The researchers added an item about witnessing domestic violence.

Sub-scale	Description	Item example
Physical abuse	Bodily assaults by older person that leads to injury	"Family hit me so hard that it left me with bruises or marks"
Sexual abuse	Sexual conduct or contact with an older person	"Someone threatened me unless I something sexual"
Emotional abuse	Verbal assault on child's well-being or sense of worth, or humiliating, demeaning or threatening behaviour by an older person	"I thought my parents wished I had never been born"
Physical neglect	Failure of caretaker to provide basic needs	"I didn't have enough to eat"
Emotional neglect	Failure of caretaker to provide emotional or psychological needs	"I felt loved"

(Source: Grassi-Oliveira et al 2014; Villano et al 2004)

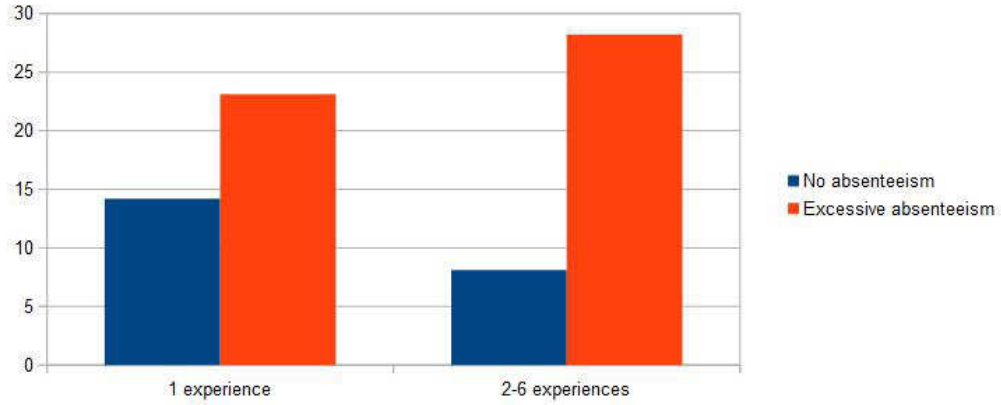
Table 1.1 - Childhood Trauma Questionnaire [2].

[1] 1-3 times was categorised as "moderate absenteeism" for analysis purposes, and 4 or more as "excessive absenteeism".

[2] In the UK, NICE (2009) listed the following signs for medical staff to note:

- Physical features: Abrasions, bites (human), bruises, burns, cold injuries, cuts, eye injuries, fractures, hypothermia, intra-abdominal injuries, intracranial injuries, intrathoracic injuries, lacerations, ligature marks, oral injuries, petechiae, retinal haemorrhage, scalds, scars, spinal injuries, strangulation, subdural haemorrhage, teeth marks.
- Sexual abuse: Anal symptoms and signs, anogenital injuries, dysuria, foreign bodies, genital symptoms and signs, pregnancy, sexual exploitation, sexualised behaviour (also see Emotional,

Thirty-nine students were categorised as "excessive absenteeism", and 132 as "moderate absenteeism". These two groups were significantly more likely to report overall child maltreatment and specific types than the "no absenteeism" group (figure 1.1). The researchers noted that "school absentees reported more often living in a single household, being born outside Sweden and reported lower family economy than not-absentees. All three of these variables are potent risk-factors for child maltreatment and might cause the overrepresentation of child maltreatment in the groups of school-absentees found in this study" (Hagborg et al 2018 p46).



(Data from Hagborg et al 2018 table 1 p45)

Figure 1.1 - Percentage reporting maltreatment experiences.

In terms of the methodological issues of the study, the data were self-reports. Hagborg et al (2018) stated: "Hence, it is possible that absenteeism could be over or under-estimated in this study. However, due to

behavioural, interpersonal and social functioning), sexually transmitted infections (STIs), vaginal discharge.

- Neglect: Abandonment, bites (animal), clothing, dirty child, failure to thrive, faltering growth, footwear, head lice, health promotion, health reviews, home conditions, immunisation, lack of provision, lack of supervision, medication adherence, parental interaction with medical services, persistent infestations, poor hygiene, scabies, screening, smelly child, sunburn, tooth decay .

inconsistent reporting practices in schools, self-report might be the best estimates of absenteeism" (p47).

The study was cross-sectional, so direction of causality cannot be established. Also there was no information collected on reasons for unexcused absenteeism.

Bell et al (2018) considered the role of type, timing, and chronicity (eg: frequency) of child maltreatment on school readiness with data from the state of Western Australia. Over 20 000 children born in 2003-4 in the state were covered by the 2009 Australian Early Development Census (AEDC).

Teachers completed the AEDC covering five developmental domains - physical well-being (eg: physical readiness for school as in dressed appropriately), social competence, emotional maturity (eg: pro- and anti-social behaviours), communication and general knowledge, and language and cognitive skills (eg: basic numeracy). The bottom 25% of children were classed as "at risk".

There were 351 children with at least one substantiated maltreatment allegation recorded by the Department for Child Protection and Family Support, and 340 children with an unsubstantiated allegation (appendix 1A).

Children with any type of substantiated or unsubstantiated maltreatment were more likely to be classified as "at risk", and physical abuse was the strongest type of maltreatment. The timing of the maltreatment did not influence school readiness, but more allegations of maltreatment was a greater risk factor for lack of readiness. Overall, however, notification to child welfare services was associated with poor school readiness.

Bell et al (2018) concluded: "The findings suggest that all children with maltreatment allegations are at risk for poor school readiness; hence, these children may need additional support to increase the chance of a successful school transition. Interventions should commence prior to the start of school to mitigate early developmental difficulties that children with a history of maltreatment allegations may be experiencing, with the aim of reducing the incidence of continuing difficulties in the first year of school and beyond." (p426).

1.2.1. Violence

Violence experienced in childhood impacts on health and well-being as well as educational outcomes. Concentrating on the latter, Fry et al (2018) found 43 relevant studies for their review covering sexual, emotional, and physical violence, bullying, adolescent relationship violence and gang violence, and witnessing

domestic and community violence (table 1.2).

- Physical violence - "That which results in actual or potential physical harm from an interaction or lack of an interaction, which is reasonably within the control of a parent or person in a position of responsibility, power or trust. There may be single or repeated incidents".

- Sexual violence - "Child sexual violence is the involvement of a child in sexual activity that he or she does not fully comprehend, is unable to give informed consent to, or for which the child is not developmentally prepared and cannot give consent, or that violate the laws or social taboos of society. Child sexual violence is evidenced by this activity between a child and an adult or another child who by age or development is in a relationship of responsibility, trust or power, the activity being intended to gratify or satisfy the needs of the other person".

- Emotional violence - "Emotional violence involves the failure to provide a developmentally appropriate, supportive environment, including the availability of a primary attachment figure, so that the child can develop a stable and full range of emotional and social competencies commensurate with her or his personal potentials and in the context of the society in which the child dwells. There may also be acts towards the child that cause or have a high probability of causing harm to the child's health or physical, mental, spiritual, moral or social development. These acts must be reasonably within the control of the parent or person in a relationship of responsibility, trust or power. Acts include restriction of movement, patterns of belittling, denigrating, scapegoating, threatening, scaring, discriminating, ridiculing or other non-physical forms of hostile or rejecting treatment".

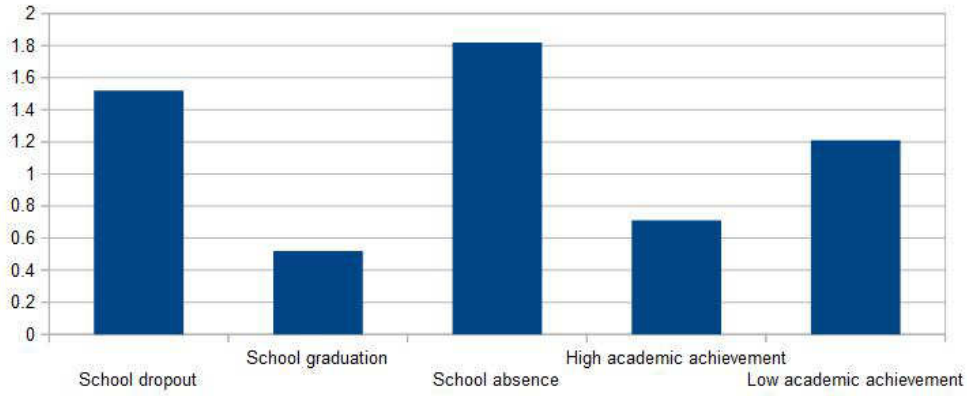
(Source: Fry et al 2018 table 1 p8)

Table 1.2 - Definitions of violence in childhood used by Fry et al (2018).

Experiencing any form of violence in childhood was found to be associated with poor educational outcomes, like not graduating from school, lower grades and test scores, and taking remedial classes (figure 1.2). Physical violence had the strongest impact overall, while emotional violence had a larger impact on girls than boys. A combination of physical, emotional and other forms of violence experienced together increased the negative educational outcomes further. Experiencing bullying increased absence from school which explained in part the poorer grades.

Fry et al (2018) listed seven strategies to reduce violence in childhood linked to the Global Partnership to End Violence Against Children, and the United Nations Sustainable Development Goals:

- Introduce and enforce laws to protect children;



(Data from Fry et al 2018 tables 3-5 pp17-19)

Figure 1.2 - Overall adjusted odds ratio for violence experienced in childhood (where 1.00 = no violence experienced) and educational outcomes.

- Encourage social norms that protect children;
- Develop safe environments for children;
- Provide support to parents and caregivers;
- Help families economically;
- Increase access and availability of family support services;
- Help children to stay in school and develop life skills.

1.3. EDUCATIONAL NEGLECT

Van Wert et al (2018) considered "educational neglect" (EN), which they saw as "an understudied phenomenon that is difficult to define and also to address. It is considered a form of child maltreatment in many jurisdictions, and it usually involves a parent or other caregiver actively or passively neglecting the learning and educational needs of a child, which results in harm to the child's development and well-being" (p50).

EN is associated with neglect generally (eg: nearly half of neglected US children experienced EN) (Van Wert et al 2018).

Van Wert et al (2018) investigated EN in Canada with data from the Ontario Incidence Study of Reported Child Abuse and Neglect (OIS) (from 1993 to 2013). The OIS covers children and families in contact with child

welfare services. EN was operationalised as "situations in which a caregiver knowingly allows chronic truancy (5 or more days a month), fails to enrol a child in school, or repeatedly keeps the child at home" (Van Wert et al 2018 p52). Child welfare workers rated maltreatment from a list of 32 forms.

The prevalence of EN was calculated at 0.22 per 1000 children in Ontario in 1973, and at 0.34 in 2013. All types of neglect increased from 5.6 per 1000 to 11.39 in the same period. The most common type of maltreatment that occurred with EN was physical abuse.

EN was associated with mental health issues in the family, low social support for the primary caregiver, and low income (eg: "child's family had run out of money for basic necessities in the past six months") (Van Wert et al 2018).

1.4. CORPORAL PUNISHMENT

Corporal punishment (ie: "an adult's use of physical force to correct or control a child's inappropriate behaviour"; Elgar et al 2018 p1) is legally and socially permitted in some countries, but not in others.

Advocates argue that the physical discipline has no long-term effects, and it is beneficial to the child "morally". On the other side, research has found negative consequences in later life. For example, Gershoff and Grogan-Kaylor's (2016) meta-analysis of 75 studies found a positive correlation between childhood spanking exposure and 13 of seventeen negative outcomes in adulthood (eg: anti-social behaviour; poor mental health; low self-esteem).

Elgar et al (2018) investigated the link between legal prohibitions on corporal punishment and adolescent violence, predicting that "national corporal punishment bans were associated with lower rates of fighting among adolescents" (p2). Data on fighting were taken from the World Health Organisation (WHO) Health Behaviour in School-aged Children (HSBC) study, and the Global School-based Health Survey (GSHS). The former covered thirty-two, mostly European, countries at 11, 13 and 15 years old in 2014, and included the question, "In the past 12 months, how many times were you in a physical fight (0, 1, 2, 3, 4 or more)?".

The GSHS surveyed fifty-five low- and middle-income countries at 13-17 years old, and included the same question as above, but with the response options - 0, 1, 2-3, 4-5, 6-7, 8-9, 10-11, 12 or more. Data from 2003 to 2016 were used. Separate information on New Zealand was added.

The 88 countries were divided into three categories in relation to corporal punishment:

- Full prohibition (at school and at home) (30 countries);
- Partial prohibition (at school only) (38 countries).
- No prohibition (20 countries).

A pattern was found of less frequent physical fighting by both male and female adolescents in countries with full prohibition of corporal punishment, followed by partial prohibition countries (table 1.3).

Prohibition on corporal punishment	Male	Female
None	12	4
Partial	10	3
Full	8	2

(Data from Elgar et al 2018 figure 2)

Table 1.3 - Mean prevalence (%) of frequent physical fighting (ie: 4 or more times in the last year) at age 13 years.

The key methodological issues of this study include:

1. Large sample (over 400 000 adolescents), from a range of low- to high-income countries. School-based administration of the surveys to increase coverage, but participation was voluntary, and attendees at private and special needs schools were excluded, as well as street and incarcerated adolescents. Teachers or trained interviewers administered the survey.

2. Same question used in both surveys about fighting in the last year, but the response options varied between them - 5 options in HSBC vs 8 options in GSHS. To standardise this difference, a cut-off of 4 or more episodes was used to define "frequent fighting". These data were self-reported, however.

3. Statistical analysis controlled for confounders, like national rate of homicides, weapons bans, capital punishment bans, and income inequality.

4. There were differences between the countries in time since prohibition, and when the surveys were carried out.

5. Lack of information about the use of corporal punishment where permitted.

6. The study found an association and could not

establish the direction of causality.

Font and Cage (2018) tried to disentangle a range of physical punishment from spanking to physical abuse, and their relationship to academic performance. The problem was how to distinguish corporal punishment from physical abuse. The degree of injury is one indicator (eg: requires medical attention) (Font and Cage 2018) [3].

Font and Cage (2018) used data from the second cohort of the National Survey of Child and Adolescent Well-Being (NSCAW II) in the USA. Six hundred and fifty-eight 8-14 year-olds were the sample, who completed the exposure to violence scale for children-revised (VEX-R) (Fox and Leavitt 1995). Their caregivers completed the parent-children conflict tactics scale (PC-CTS) (Straus et al 1996). Both questionnaires covered three categories of behaviour - mild corporal punishment (eg: spanking), harsh corporal punishment (eg: hit on bottom with an object), and physical abuse (eg: hit with fist or kicked) [4]. A standardised measure of cognitive abilities was the academic performance indicator.

Increased exposure to physical abuse was found to be associated with lower cognitive abilities, whereas the other two categories were not. Interestingly, the relationships between "mild corporal punishment and cognitive performance were negative but non-significant when caregiver-reported, and positive and significant when child-reported" (Font and Cage 2018 p37).

All three categories were associated with less school engagement (eg: "how often do you enjoy being in school?"), and harsh corporal punishment with greater peer isolation (eg: "I have nobody to talk to at school").

In terms of the measures of punishment, "there was little congruence between the two sources: most children who reported physical punishment had caregivers that did not, and vice versa. Of course, this doesn't necessarily mean that someone was being dishonest, given the imperfect alignment in the items, consideration of timing, and persons included (ie: caregiver only vs all household adults). Notably, although caregiver-reported measures of maltreatment or related parenting measures are often greeted with suspicion due to the potential for

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[3] One way to detect childhood physical abuse is the skeletal survey ("a series of radiographs of the entire body"), which can identify fractures characteristic of abuse (Paine and Wood 2018). Failure to recognise injuries means that vulnerable children will suffer further injuries (eg: around one-quarter of children in some studies) (Paine and Wood 2018). There is a small risk of radiation exposure from skeletal surveys (Paine and Wood 2018).

[4] The questionnaires differed slightly on the behaviours included in the three categories, and on the length of time covered - last 12 months (PC-CTS) versus lifetime (VEX-R). The latter also included all household adults as opposed to caregiver only (PC-CTS).

social desirability response bias, the caregiver-reported rates of physical punishment were higher than child-reported rates for both mild and harsh corporal punishment, and just slightly lower for physical abuse. It is perhaps the case that we should greet child reports of physical punishment with equal suspicion, given that many children reported no physical punishment despite that their caregivers reported inflicting such punishment on them" (Font and Cage 2018 p37).

1.5. RESILIENCE AND SCHOOL READINESS

Resilience is "positive adaptation to adverse circumstances" (Sattler and Font 2018 p104), and, among child protection services-involved children, it is important in school readiness (Sattler and Font 2018).

Resilience is a product of the child's emotion regulation abilities (self-regulation (eg: behaviour inhibition) and easy temperament), parenting behaviour (cognitive stimulation and emotional support), and neighbourhood cohesion (Sattler and Font 2018).

Sattler and Font (2018) referred to data from the 1st National Survey of Child and Adolescent Well-Being (NASCAW-I) in the USA (begun in 1999). The sample here focused on 1193 children in their first year at the beginning of the study, and preparing to enter school when further data collected. All the sample had experienced early maltreatment, and some had been moved to foster parents.

The outcome measure of resilience was divided into social (eg: social skills) and cognitive (eg: vocabulary). Standardised questionnaires were used as well as for the explanatory variables of easy temperament and self-regulation, caregiver emotional support and cognitive stimulation, and neighbourhood quality (table 1.4).

Between a quarter and one-third of the children were categorised as resilient. Family-level factors (cognitive stimulation and emotional support) were most important in future resilience [5], and but no association for neighbourhood quality. Easy temperament was not association with resilience, and self-regulation only slightly. The timing of protective factors was not important.

Holmes et al (2018) also used the NASCAW-I data to study 1776 children reported to child protection services

[5] "Of note, emotional support was more consistently associated with social resilience among children living apart from their biological parents than children residing in home" (Sattler and Font 2018 p111).

who were not removed from their biological caregiver. This study used language and academic functioning as outcome measures at school entry. Similar measures of protective factors as Sattler and Font (2018) were used.

Children showing resilient language and academic functioning had high pro-social skills (eg: co-operative), and had experienced caregiver warmth and cognitive responsiveness (eg: appropriate cognitive/verbal responsiveness to child).

Protective factor	Measure	Details
Social resilience	Social Skills Rating System (SRSS) (Gresham and Elliott 1990)	39 items that caregiver scores for 3-5 year-olds: 1 (never), 2 (sometimes), 3 (very often). eg: "how often does child volunteer to help family members with tasks?"; "how often does child follow your instructions?".
Caregiver behaviour	Home Observation for Measurement of Environment (HOME-SF) (Caldwell and Bradley 1984)	Observers in home rated behaviours: eg: caregiver spontaneously praised child; caregiver caressed, kissed, or hugged child; caregiver provided interesting materials (for play). Caregiver questions: eg: "how often do you get a chance to read stories to child?".
Neighbourhood quality	Abridged Community Environment Scale (Furstenberg 1993)	9 items rated by caregivers on three-point scale: "neighbourhood is better than most" to "neighbourhood is worse than most". eg: "neighbours that help each other".

Table 1.4 - Three measures of protective factors for resilience used by Sattler and Font (2018), and Holmes et al (2018).

Tessier et al (2018) explored protective and risk factors in "out-of-home care" children (eg: foster care; children's home), who often have poor educational outcomes. The researchers took fifteen factors divided into risks (that are associated with poor educational outcomes) and protective factors (associated with better educational outcomes):

- Contextual risk factors - age of entry into care; reason for entry into care (eg: neglect); school changes; placement stability; school performance.

- Individual risk factors - age; special educational

needs; minority ethnicity (appendix 1B); behavioural problems; negative mental health (eg: suicide risk; soft-drug use).

- Contextual protective factors - characteristics of carers (eg: educational aspirations for child); placement type.

- Individual protective factors - well-being (positive mental health); being female; own educational aspirations.

The researchers analysed two sets of data from the Ontario Looking After Children (OnLAC) project in Canada:

a) Cross-sectional sample - 3659 11-17 year-olds in care in 2010-11.

b) Longitudinal sample - A sub-sample of the above (n = 962) followed for three years between 2010-11 and 2013-14.

Educational success was measured by a combination of ratings from the individual, the caregiver, and the child welfare worker. The risk and protective factors were scored in similar ways.

Statistical analysis of the cross-sectional data showed that educational success was associated strongest with being female, having own and caregiver having educational aspirations, positive mental health, and longer time with current caregiver (ie: placement stability). Poor educational outcomes were associated with neglect, special educational needs, ethnic minority status, behavioural problems, and soft-drug use.

From the longitudinal data, being female, and positive mental health were the strongest predictors of educational success, while soft-drug use predicted poor educational outcomes.

Panlilio et al (2018) analysed data from NSCAW-I to understand emotion regulation, and placement stability, and school achievement among 834 children. These children, who had all experienced maltreatment, were 3-5 years old in 1999-2000, and were followed until ten years old. Emotion regulation was operationalised as behaviours like aggression, and emotions like anxiety. Placement stability was the length of time spent with a particular foster family.

Placement instability was associated with emotional dysregulation at the beginning of the study. Children rated as emotionally dysregulated at 6-7 years old were more likely to have poorer reading and mathematics achievement scores at ten years old. Emotionally dysregulated children had difficulty learning, and

placement stability was key to this [6].

1.5.1. Trait Resilience and Psychological Suzhi

Bullying can involve direct physical actions (eg: hitting), verbal actions (eg: name-calling) or indirect relational behaviours (eg: social exclusion), and it can lead to social anxiety. This is manifest as social distress (ie: anxiety in social situations), social avoidance (ie: avoidance of social situations), and fear of negative evaluations from others (Wu et al 2018).

Wu et al (2018) explained: "Early peer interaction forms the basis of future social communication, as children and adolescents often rely on personal peer experience when evaluating themselves and others. According to social information processing theory, as children internalize the experience of being bullied, they may begin to infer the presence of hostile intent in various events in their lives, even when none exists. In addition, they could gradually form negative self-evaluations... Bullying involves the victim's unwilling participation in threatening and dangerous interactions, which could reinforce negative self-evaluations and lead to the avoidance of social interaction, resulting in social anxiety" (p205).

But there are variables that can limit the relationship between bullying and social anxiety. For example, trait resilience, which is the individual's ability to cope with stressful events, and psychological suzhi that includes "both positive coping capacity and mental qualities observed under non-stressful circumstances" (Wu et al 2018 p205).

Wu et al (2018) showed the buffering effect of these two variables in data from the Chinese National Survey of Psychological Suzhi in 2016. Around 1800 children aged 9-12 years old were the sample here.

The measures were self-reported:

- Bullying victimisation - seven types (eg: being hit, pushed or physically hurt; having property stolen or deliberately damaged by peers).

- Social anxiety - measured with ten items.

- Trait resilience - ten items (eg: "tend to bounce back after illness or hardship").

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[6] "Children who experience abuse and neglect are particularly vulnerable to communication difficulties which have further consequences on their overall development" (eg: around one-third of children in "out-of-home care" in Australia) (Frederico et al 2018).

- Psychological suzhi - 27 items from 3 sub-scales: "cognitive quality (eg: 'when completing exercises, I always remind myself that I should use different methods to deal with different kinds of problems'), personality quality (eg: 'I think that life is always full of fun'), and adaptability (eg: 'when I have trouble with my classmates, I make up with them quickly')" (Wu et al 2018 p207).

Bullying victimisation was reported by about one-quarter of the sample, and this significantly correlated with social anxiety. Boys reported more victimisation, but girls reported more social anxiety, "which perhaps indicates that girls are more likely to internalise their problems... Girls also appear to be more sensitive to interpersonal distress compared to boys... In addition, this may be affected by Chinese traditional customs – that boys are treated as superior to girls – resulting in less attention paid to girls" (Wu et al 2018 p211).

High trait resilience reduced the relationship between bullying victimisation and social anxiety, but only for girls. "This reflects the 'steeling effects' of resilience (Rutter 1999). That is, the experience of adversity strengthened resistance to subsequent stress in girls with high, but not low, levels of resilience. This protection could be derived from a cognitive redefinition of bullying victimisation, personal agency, the will to overcome adversity, self-reflective style, and the acquisition of effective coping strategies" (Wu et al 2018 p211).

High psychological suzhi was beneficial for both boys and girls. Wu et al (2018) commented that "psychological suzhi appeared to be more crucial to the reduction of social anxiety in children who reported low levels of bullying victimisation, relative to those who reported elevated levels of bullying victimisation. In other words, buffer effects were more likely to be observed in children who reported minor victimisation, relative to those who reported greater victimisation" (p212.

1.5.2. Strengths and Resilience

The stability of the non-family caregiver (placement) is important. "Placement instability has negative effects on youth development, quality of life, functioning, and opportunities for permanency. Multiple placements can exacerbate pre-existing behavioural and emotional problems, learning difficulties, and delinquency... Moreover, the experience of multiple placement changes contributes to distress, low self-confidence, and an absence of belonging, which may lead to youth's distrust and fear of establishing secure

attachments with other caregivers or adults. Sadly, the more youth experience placement disruptions the less likely they are to achieve either reunification with their family of origin or adoption" (Summersett-Ringgold et al 2018 p562).

But protective factors (or strengths) and resilience can reduce these negative outcomes as reported by Summersett-Ringgold et al (2018). They analysed data from the State of Illinois' child welfare system for 2005 to 2013, and concentrated on over 4000 non-Hispanic Black and Latino 10-18 year-olds in state protective custody.

Placement stability was defined as two or less changes in foster carers in the first two years in state custody, not including temporary stays in hospitals, institutions or children's homes.

The adolescents were scored for eleven strengths from three categories - individual (eg: coping skills; optimism), family (eg: supportive biological family members), and community (eg: supportive school environment). Eleven risky behaviours were also scored (eg: runaway; fire setting; suicide risk).

Around 13% of the sample had three or more placement changes (ie: placement instability), and this group was compared to the rest of the sample. Except for "cultural ritual" (celebrating culturally significant events), the presence of individual strengths was associated with less placement changes. But when the statistical models were adjusted for variables like trauma and risky behaviours, only two strengths were significantly associated with fewer placement changes:

- Supportive biological family member(s)
- Supportive school environment.

Ju and Lee (2018) analysed data from the Korea Youth Panel Study (KYPS) with over 2000 early adolescents. Data over five years showed that perceived abuse and depression increased with age, but increased self-esteem, and, to a lesser extent, peer attachments were protective factors.

The same questions were used at each annual data collection:

- Child maltreatment - 2 items: "I often hear harsh insults from my parents"; "I have been severely beaten by my parents several times".

- Depression - six items (eg: "I sometimes think about wanting to die for no reason").

- Self-esteem - six items (eg: "Sometimes I think I'm useless").

- Peer relationships - four items (eg: "It's fun when I spend time with my friends").

Tung et al (2018) analysed data from a longitudinal study in the USA with 82 high-risk children (called "TIES for families"). In the five years post-adoption, children who experienced early sexual abuse in the biological family had increasing problem behaviours, while those who had witnessed family violence showed a decrease in such behaviours. Younger adoption was associated with less substance use in adolescence and early adulthood.

The child's temperament was also important. Children rated as having a "difficult" or reactive temperament (eg: low frustration tolerance; impulsive; high negative emotions) had more problem behaviours post-adoption.

1.6. MISCELLANEOUS

Research concludes that children experiencing maltreatment have poorer language skills than non-maltreated children (eg: Lum et al 2015: meta-analysis of 26 studies), and poorer social skills (eg: less empathy and prospective taking; poorer at initiating social interactions; less co-operative) (Lum et al 2018).

But Lum et al (2018) warned that "close inspection of the language and social skills research in maltreated children reveals variability in findings. Some studies report no differences between maltreated and non-maltreated children on measures of language functioning... Also, some sub-groups of maltreated children do not differ from controls on tasks assessing emotion recognition... and, aggression... Along similar lines, within a sample of maltreated children, it is not the case that language and social skills are universally poorer" (p66).

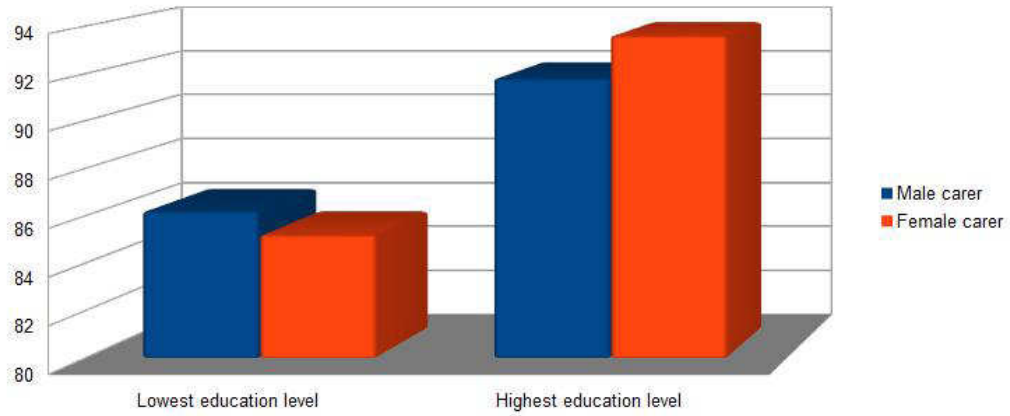
One problem is group-level comparisons - ie: maltreated vs non-maltreated - rather than looking at individual children (ie: individual differences). Variables that might explain individual differences in the language and social skills of maltreated children include maltreatment history, home environment, and out-of-home care environment (Lum et al 2018).

Lum et al (2018) investigated the language and social skills of maltreated children taking account of maltreatment type and age of exposure, and out-of-home care. Eighty-two 5-12 year-olds in Australia were studied. At a group level, the language and social skills were significantly below age averages.

In terms of the variables, neglect (experienced by 68 children) was associated with lower social skills than the rest of the sample (mean scores of 90 vs 101 respectively, where 100 is the age average). Emotional abuse was negatively correlated with social skills (ie:

younger age substantiated report and better social skills), while emotional abuse (appendix 1C) and problem behaviour was a positive correlation [7].

The education level of the out-of-home carers was significantly associated with the child's language skills (figure 1.3).



(Data from Lum et al 2018 table 6 p72)

Figure 1.3 - Mean language scores of maltreated children based on education level of out-of-home carers.

Many children who receive foster care do so because of neglect or child abuse by their biological parent(s). "Many children in foster care not only have experienced trauma in their original home, but they also frequently experience challenges in school" (Mires et al 2018 p61).

The development of strong home-school relationships is important here. Mires et al (2018) investigated this with semi-structured interviews with seven foster parents of six children with disabilities in Pennsylvania, USA.

The researchers noted a key difference: "Overall, the elementary school aged children's parents seemed pleased with the school system and for them, relationships with the schools are agreeable. Their success with communication, involvement, and expectations show that both schools and foster parents are committed to helping their foster child succeed in school" (p71). But for parents of teenagers this was not the case. "High school foster parents indicated that they were unaware of

[7] Lum et al (2018) warned: "At a more general level, caution is required when interpreting the correlations concerning the earliest ages at which cases were substantiated. Decisions to investigate cases of maltreatment depend on a range of variables including the ability to identify a perpetrator, the child's capacity to provide information, and resources of the child welfare agency... In the context of this study, the government records concerning the age of the first substantiated case of maltreatment are unlikely to be error-free..." (p72).

expectations placed on them by the school. This lack of awareness, compounded by their lack of involvement in the school system, mixed with unclear expectations would make it seem that any kind of home-school partnership would be a negative" (Mire et al 2018 p71).

Lemkin et al (2018) looked at "school connectedness" (SC) and educational success for children who had experienced maltreatment. SC is defined by the Centers for Disease Control and Prevention as the pupils' belief "that adults and peers in the school care about their learning as well as about them as individuals" (quoted in Lemkin et al 2018), and is manifest in participation in school clubs and activities, for example.

Lemkin et al (2018) analysed data from the Longitudinal Studies of Child Abuse and Neglect (LONGSCAN), which followed over 13 000 mostly maltreated children in five US states from 1991 to 2012. The outcome variable was high school graduation. SC was measured as participation in various school activities, like sports or performing arts, and self-reported supportive adult at school (eg: teacher).

Participation in school clubs was significantly associated with high school graduation, but supportive relationships with adults at school had no association with graduation.

1.6.1. Higher Education

Children placed in foster care experience more mental health problems in the teenage years, and this limits the opportunities for higher education success. For example, 3-11% of foster children who enrol at university in the USA complete their degree (compared to 60% of the general population) (Morton 2018).

Morton (2018) interviewed eleven university students who had received foster care about their experiences of higher education. Analysis of the interviews showed the difficulties faced by students who had experienced childhood maltreatment and subsequent foster care, including:

a) Mental health challenges - eg: "Paulina": "the emotional aspect of anxiety, depression, post-traumatic stress disorder (PTSD), panic attacks, etc, is the REAL struggle in attending college, NOT the school work itself" (p77).

b) Emotion regulation problems - eg: "Aileen": "I have a history of cutting myself, scratching my skin off until its bloody an raw, punching myself in the face, ripping out my hairs, starving myself, and forcing myself to take freezing cold showers as a form of self

punishment and when I don't know what else to do to bring the intensity of an emotion down. I also thrash on the floor and scream at the top of my lungs. Doing one of these just makes me feel sad and diverts the attention to physical pain, but I tend to feel guilty and disappointed with myself afterward. I still hit myself if I can't get out of an emotionally intense situation and walk or run until the energy is gone" (p77).

1.7. APPENDIX 1A - SUBSTANTIATED AND UNSUBSTANTIATED

Substantiated (sub) and unsubstantiated (unsub) investigations by children protection services (CPS) can have long-term consequences for the child. Kugler et al (2019) showed this in an analysis of US data on 14-17 year-old females who attended one hospital between 2007 and 2011. Three groups were distinguished for comparison - those with sub child maltreatment (n = 179), unsub child maltreatment (n = 136), and no contact with CPS (controls; n = 188). Four outcome measures were used for negative consequences of child maltreatment - become teenage mother; HIV-risky behaviours (eg: unprotected sex); drug use; depressive symptoms.

Those individuals investigated by CPS (both sub and unsub) were more likely to become teenage mothers, engage in more HIV-risky behaviours, and use more drugs in the past year than controls. Females with a sub investigation were more likely to report depressive symptoms in the past two weeks than other two groups. "The findings challenge the belief that only children who experience substantiated CPS investigations are at increased risk for negative health outcomes. Instead, these findings support the growing body of literature... that children who are the subject of a CPS investigation that goes unsubstantiated are at similar risk for negative health outcomes as compared to those with a substantiated CPS report" (Kugler et al 2019 p117).

1.8. APPENDIX 1B - ETHNIC DIFFERENCES

ACEs are more common among low-income families, but there are also racial and ethnic differences within this group, as Mersky and Janczewski (2018) found in their analysis of data from Wisconsin's Family Foundations Home Visiting (FFHV) programme. This is a programme that supports low-income families with home visits to families with young children. Data on 1523 women were analysed.

Ten common ACEs were rated by the participants after enrolment on the FFHV programme. Five categories of race and ethnicity were distinguished - Hispanic, White, Black, American Indian, and other (including Asian and multi-racial).

Just over half the sample reported at least one form of abuse or neglect, and over three-quarters some form of household dysfunction (eg: domestic violence; mental health problems in family). Abuse generally and specific types were almost all highest among Whites, while American Indians reported the most household dysfunction.

Mersky and Janczewski (2018) considered four hypotheses to explain the greater adversity reported by Whites compared to Blacks and Hispanics:

i) All groups experienced the same level of adversity, but differ in their perception of it as ACE. "For example, study participants were asked the following question regarding mental health: 'Did you live with anyone who was depressed, mentally ill, or suicidal?'. The likelihood of endorsing this item is predicated, in part, on a respondent's schema for depression and mental illness. Research suggests that ratings of mental health vary by race/ethnicity, with Whites being more likely than Blacks and Hispanics to perceive that certain cognitive, emotional, and behavioural symptoms reflect mental health status" (Mersky and Janczewski 2018 p485).

ii) Some ACEs are more prevalent in one group than another (eg: divorce and separation higher among Whites). But the measures were self-reports.

iii) Differences in household structure - The questions were linked to household (eg: "Did you live with anybody..."), and may have missed adversities linked to non-residential parents, say.

iv) The differential assortment hypothesis (Drake et al 2009) argued that there are differences in the racial/ethnic origins of poverty. For example, it was suggested that "risk factors such as family violence, substance abuse, and mental illness may play a more significant role in the aetiology of white poverty than non-white poverty. As the argument goes, historically disadvantaged racial/ethnic minority groups face pervasive structural barriers to upward economic mobility. Whites, on average, have significantly higher incomes and greater wealth... It is possible that some Whites do not capitalise on these structural advantages because they have been exposed to significant adversity and trauma... In sum, this hypothesis is one of reverse causality, suggesting that poverty not only increases the risk of ACEs but that ACEs also increase the risk of poverty – particularly in white households" (Mersky and Janczewski 2018 p485).

Mersky and Janczewski (2018) were not able to decide if one of the hypotheses was correct from their study.

1.9. APPENDIX 1C - CHILDHOOD EMOTIONAL ABUSE

Berzenski et al (2019) considered the elements of childhood emotional abuse (CEA), which includes denigrating comments and insults, humiliation, exploitation, and threats of abandonment/rejection.

Studies tend to compare individuals exposed to CEA with those not, but this fails to capture "the heterogeneity of CEA": "Individuals experience differing abusive behaviours (eg: degradation, threatening) in isolation or combination, as well as differing frequencies and intensities of these behaviours. Frequency refers to the rate at which abuse is experienced (eg: daily, weekly, once or twice ever). In contrast, intensity refers to the extent to which the abusive behaviour threatens the child's sense of self and/or safety (eg: low intensity: mildly insulting remarks, comparing the child to disliked others; high intensity: statements about possible abandonment/wishing the child was never born, insults that strike at the core of a child's being). Generally, threats to the child's sense of safety characterise high, but not low, intensity CEA... Of note, intensity is distinct from severity, which takes into account both the frequency and intensity of maltreatment... Because frequency and intensity are conceptually distinct, they may have different implications for adjustment and are not necessarily correlated. For example, a child may experience intense CEA episodes that occur only once or twice per year, or a high frequency of low level abusive remarks on a daily basis" (Berzenski et al 2019 p78).

Berzenski et al (2019) investigated the frequency and intensity of CEA, and adult psychological problems with sixty-two female caregivers of under fives in the USA. CEA was self-reported as one time (1) to daily (8) (frequency), and as mild (1), moderate (2), and severe (3) (intensity) [8].

The average frequency was 2-3 times per week, while 23% reported severe CEA, 63% moderate, and the remainder mild. "Frequency and intensity of CEA were not correlated..., lending strong support to the idea that these represent independent characteristics of the abuse experience" (Berzenski et al 2019 p82).

Higher frequency CEA was associated with increased adult psychological problems, irrelevant of the intensity, but not with problematic caregiving behaviours with their own children.

Severe intensity CEA was associated with poor caregiving, while high frequency/severe intensity was not

[8] Mild (eg: belittling child's feelings; cursing at child); moderate (eg: ridiculing child; threatening other family members); severe (eg: telling child they unwanted; threatening to kill child).

as negative as high frequency/mild intensity. Berzenski et al (2019) suggested this explanation: "Caregivers who have experienced high intensity abuse may be more likely to try and protect their children from this experience, refraining from negativity, but increasing levels of enmeshment and role reversal. In contrast, caregivers who experienced persistent belittling and emotional invalidation in childhood may be more likely to continue this cycle of hostility when parenting the next generation" (p84).

This study showed that there are "qualitatively different experiences of CEA that have differential effects on adult outcomes" (Berzenski et al 2019 p84).

Perpetrator of CEA, and age of onset were two variables not measured (Berzenski et al 2019).

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2. CHILD MALTREATMENT AND FUTURE PROBLEMS

2.1. ADULT MENTAL HEALTH PROBLEMS

Cross-sectional studies tend to show that individuals who have experienced child maltreatment are more likely to have mental health problems in adulthood than non-maltreated individuals (Kisely et al 2018).

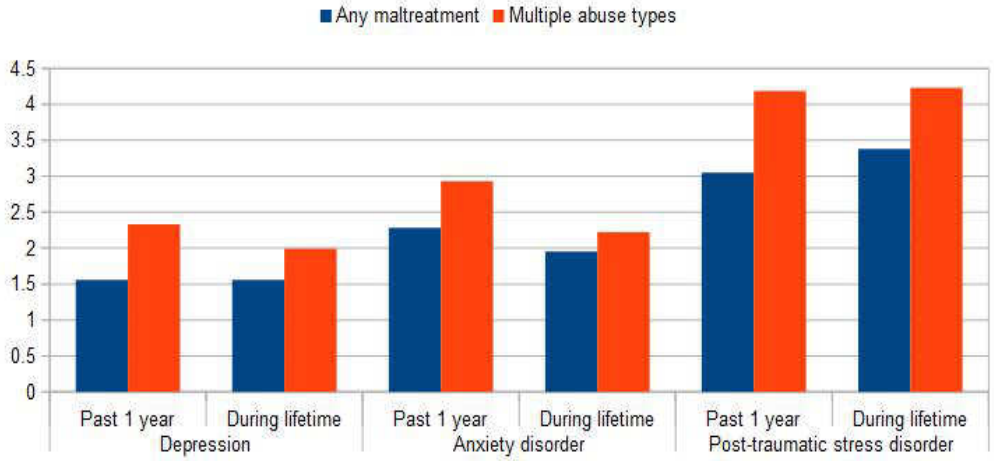
But "findings from these studies are limited by the potential for recall bias, their focus on a few specific types of childhood maltreatment (despite the fact that most childhood maltreatment experiences co-occur), and the use of clinical rather than population samples. Few previous studies have controlled for factors that may predispose to both child maltreatment and later adverse health outcomes. These include familial socio-demographic characteristics, psychopathologies and environmental disadvantages. Moreover, retrospective reports of life course adverse exposures can change over time depending on resilience, recovery and severity of the exposures. Finally, in cross-sectional studies, childhood maltreatment might be both a cause and an effect" (Kisely et al 2018 p698).

Longitudinal studies are better. However, these studies are not without methodological problems. "This includes participants that are limited to females, or particular types of child maltreatment (for example sexual abuse), or people in treatment and/or identified as being at high risk. In addition, some longitudinal studies have used retrospective recall of abuse rather than prospectively collected data" (Kisely et al 2018 p698).

Bearing these issues in mind, Kisely et al (2018) reported a prospective study with data from the Mater-University of Queensland Study of Pregnancy (MUSP). MUSP

involves over 7200 pregnant women attending the Mater Misericordiae Mothers' Hospital between 1981 and 1983. Child maltreatment was established from Queensland's child protection agency records, and measures of mental health were completed at 21 years old.

Of the original sample, 3778 individuals were still participating at 21 years old, and 171 had experienced substantiated maltreatment before 16 years old. Analyses were based on this group versus the rest of the sample. The maltreatment group were 80% more likely to report depression, and the strongest association with lifetime depression was emotional abuse and neglect. These two types of maltreatment were also the strongest associations with anxiety (both over the lifetime and in the past year). Maltreatment was also associated with post-traumatic stress disorder (figure 2.1).



(Data from Kisely et al 2018 tables 2, 3 and 4)

Figure 2.1 - Adjusted odds ratios for adult mental health problems after child maltreatment (where 1.00 = no maltreatment experienced).

Though MUSP is a large-scale longitudinal study, only about half of the original sample are still participating. It has been noted that "attrition was greater among those experiencing social disadvantage" (Kisely et al 2018 p702).

Only legally defined cases of child maltreatment were included, which means unreported cases were missed.

2.1.1. Suicidality

Suicidality is a term used to cover:

- Suicidal ideation - thoughts that vary from fleeting to planning suicide;

- Suicide attempt - "deliberately causing harm to oneself with at least some intent to die" (Rytila-Manninen et al 2018 p99);

- Completed suicide;

- Not non-suicidal self-injury (NSSI), which is "self-injurious behaviour occurring in the absence of suicidal intent" (Rytila-Manninen et al 2018 p99).

Among a general population of US adolescents, 12% have ideation, 4% attempt, and 4% complete suicide (Nock et al 2013). Suicidality is higher among individuals who have ACEs.

For example, nearly half of a 13-17 year-old Finnish psychiatric in-patient sample reported recurrent suicidal ideation, and between 15-20% had attempted suicide. Among age-matched controls, the figures were 0.5% and 0% respectively (Rytila-Manninen et al 2018). This study compared 206 in-patients and 203 adolescents in the local community. All participants completion a selection of questionnaires. ACEs were defined as "physical and sexual abuse, witnessing intimate partner violence, parental psychiatric problems, parental alcohol or drug abuse, parental criminal behaviour, and parental separation or divorce" (Rytila-Manninen et al 2018 p100).

A direct relationship was found between cumulative ACEs and suicidality, but this relationship was mediated by psychiatric symptoms and impulsivity most importantly, and family dysfunction and social dysfunction (eg: unable to have and maintain close relationships with peers) less so (but still significant), but not alcohol use. In other words, the presence of these factors exacerbated the relationship ACEs and suicidality, while their absence reduced the strength of the link.

The data were self-reported, and the in-patient sample was based at one psychiatric hospital.

In a study in Northern Ireland, McLafferty et al (2018) used the term "childhood adversities", and focused on twelve experiences before eighteen years old. The data came from the Northern Ireland Study of Health and Stress (NISHS) with 1986 participants between 2004 and 2008.

The significant risks for suicidality in adulthood were parental mental illness, family violence, physical abuse, and strongest, sexual abuse.

Physical abuse, sexual abuse, and parental mental illness were significant risks for adult mental

disorders, as well as economic adversity in childhood [9], and parental divorce (table 2.1).

Type of adversity in childhood	Statistical significant risk in adulthood
Parental death	No significant risks
Parental divorce	3
Other parental loss	No significant risks
Parental mental illness	1, 2, 3, 4
Parental substance abuse	1, 2
Parental criminal behaviour	No significant risks
Family violence	3, 4
Physical abuse	1, 4
Sexual abuse	1, 2, 4
Neglect	No significant risks
Physical illness	No significant risks
Economic adversity	1, 2

(1 = anxiety disorder; 2 = mood disorder; 3 = substance abuse; 4 = suicidality)

(Information from McLafferty et al et al 2018 table 5 p41)

Table 2.1 - Twelve childhood adversities and significant risks in adulthood as found by McLafferty et al (2018).

2.2. ADULT PHYSICAL HEALTH

Cardiovascular disease (CVD) in mid-adulthood has been linked to socio-economic adversity in childhood (eg: low parental education level and social class; household overcrowding), but the relationship between psycho-social adversity (eg: child sexual abuse; parental death) and CVD is less researched (Anderson et al 2018). "Existing studies have reported associations between specific types of psycho-social adversity, particularly sexual or physical abuse..., with increased CVD risk. However, few studies have considered a possible cumulative effect of exposure to multiple types of adversity in childhood" (Anderson et al 2018 p139).

[9] Child poverty can be defined as a "person below a certain age, usually 18 years, whose individual-equivalent income, consumption or expenditure is less than a predetermined minimum acceptable level" (Ogwumike and Ozughalu 2018 p14).

The minimum level (or "poverty line") can be set by calculating a required level of nutrition, and then the cost of foods to achieve it. Being unable to purchase these foods is child poverty.

"Child deprivation" is a wider term that covers non-food needs as well, like education, health, water and sanitation, and child protection (Ogwumike and Ozughalu 2018 p14).

Anderson et al (2018) analysed data from the Avon Longitudinal Study of Parents and Children (ALSPAC), which is following over 14 000 women and their children who were born in 1991-2 in south-west England. A sub-sample of 3612 of the women in their 40s and 50s were studied here. Psycho-social adversities (maternal lack of care, maternal overprotection, parental mental illness, household dysfunction, sexual abuse, and non-sexual abuse) prior to seventeen years old were self-reported by the women. The researchers focused on objectively measured CVD risk factors (eg: overweight) as the outcome measure.

Some specific associations were found, like lack of maternal care and greater waist circumference, but there was no evidence of cumulative psycho-social adversity and CVD risk factors in the adult women [10]. Table 2.2 summarises three other comparable studies to this one.

Study	Finding	Key Difference to Anderson et al (2018)
Bleil et al (2013)	No association	Smaller sample of women
Felitti et al (1998)	Association between multiple ACEs and adult heart disease	Men and women in sample
Halonen et al (2015)	Socio-economic and psycho-social adversity, and neighbourhood disadvantage associated with increased CVD risk	Self-reported outcome measure

Table 2.2 - Three studies on the association between childhood psycho-social adversity and CVD.

Anderson et al (2018) tried to explain the null findings with the following suggestions:

a) Psycho-social adversity may not be causally related to CVD whereas socio-economic adversity is related to it.

b) Some of the psycho-social adversities were of low prevalence in the sample, and so detection of associations was not possible.

[10] An interesting finding was that greater cumulative childhood psycho-social adversity was associated with overweight for participants of high adult socio-economic position (SEP), but not low SEP. Anderson et al (2018) commented: "We would have expected these interactions to go in the opposite direction (ie: that the association between cumulative psycho-social adversity in childhood and CVD risk only be apparent in the group with low adult SEP, or at least greater in magnitude in the group with low SEP, compared with the high)" (p145).

c) The use of retrospective self-reports of childhood adversity produced measurement error.

d) There may have been protective factors (eg: social support; being a mother), not measured by this study, that compensated for the childhood adversity experienced by the women.

e) Drop-out of participants in a longitudinal study could mean that only the "more healthy" remain (known as the "healthy survivor effect").

2.3. PARENTING

One of the long-term consequences of childhood maltreatment is how the victims/survivors act as parents themselves.

Buisman et al (2018), for instance, found a difference in emotional response to babies, which could influence their reaction to children's emotional expressions.

The researchers concentrated on physiological dysregulation, which is seen in hyper-reactivity (ie: overarousal) or hypo-reactivity (ie: underarousal) to stressors.

Buisman et al (2018) tested 160 adults, who had experienced some form of child maltreatment, in the Netherlands as part of the Three Generations (3G) parenting study. Participants were played recordings of infants crying or laughing, while heart rate was measured.

Participants who had experienced neglect, in particular, had a higher heart rate listening to the infant vocalisations, which suggested hyper-arousal. The researchers explained that this may be "indicative of poor regulatory skills and that, in turn, may contribute to insensitive or even abusive caregiving" (Buisman et al 2018 p32).

2.3.1. Losing Child At Birth

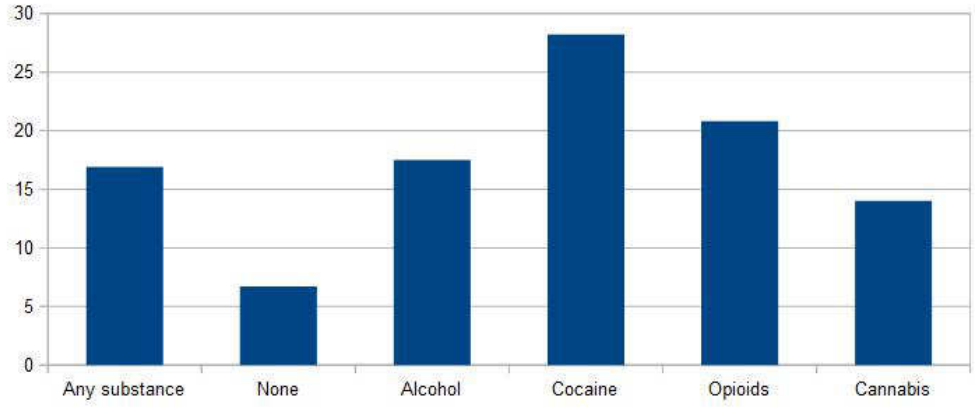
Children are taken into care by child protection services because of documented neglect and maltreatment, usually. Studies have found common characteristics of mothers here including mental illness, developmental disabilities, and substance abuse, as well as young age, low income, and low educational level (Wall-Wieler et al 2018).

But there are also mothers who are seen as a high risk for being unable to care for their children whose offspring are removed at birth (eg: 15% of child in care in Manitoba, Canada) (Wall-Wieler et al 2018).

What are the common characteristics of mothers in this situation? To answer this question, Wall-Wieler et al (2018) used data from Manitoba between 2002 and 2012 to compare mothers where the first child was taken into care at birth (n = 483) or not (n = 53 082). The former group included the mother being in care herself at the time of the birth (ie: teenage mother), substance abuse, schizophrenia, developmental disabilities, and not receiving any pre-natal care. For example, mothers with a developmental disability were over six times more likely to have the child taken into care at birth, while it was nine times more likely with substance abuse, and over six times more likely with schizophrenia.

In terms of losing children in infancy and maternal pregnancy substance use, Prindle et al (2018) analysed data from a Californian cohort of over half a million babies born in 2006. Pre-natal substance use was officially diagnosed in 1.5% of cases (n = 7994 live births), of which just under one-third of these children were placed in foster care during infancy (compared to less than 1% of the rest of the sample). Maternal cocaine use was the drug with the strongest predictor of foster care.

There were health consequences for the baby also. For example, low birth weight was two and a half times greater with pregnancy substance use than not (figure 2.2).



(Data from Prindle et al 2018 table 1 p78)

Figure 2.2 - Percentage of babies born with low birth weight (<2500 g) based on mother's substance use in pregnancy.

Prindle et al (2018) noted four important limitations to their study:

i) Measurement error - Pregnancy substance use was measured by health care provider-decided toxicology screening around birth. Other studies using self-reports, for example, have found prevalence rates up to 20% for illicit substance use during pregnancy (Prindle et al 2018).

ii) Surveillance - Related to the above point, not all mothers were screened for substances. "Health care providers may be more likely to screen for prenatal substance exposure among mothers with absent or late prenatal care or low maternal age at first birth... Further, the common practice of discretionary testing following birth may over-represent prenatally exposed infants who experienced neonatal complications while undercounting substance-exposed babies with otherwise healthy births" (Prindle et al 2018 p81).

iii) Unobserved factors - eg: domestic violence or maternal mental illness - and the decision to place the child in foster care.

iv) Generalisability of the findings from one birth cohort in one state in one country. Official records were used (eg: California Department of Public Health), and so any individuals not covered would be missed, for instance (eg: unreported maltreatment; home births). Also missing data meant that about 3-5% of cases were not included in the analysis (Prindle et al 2018).

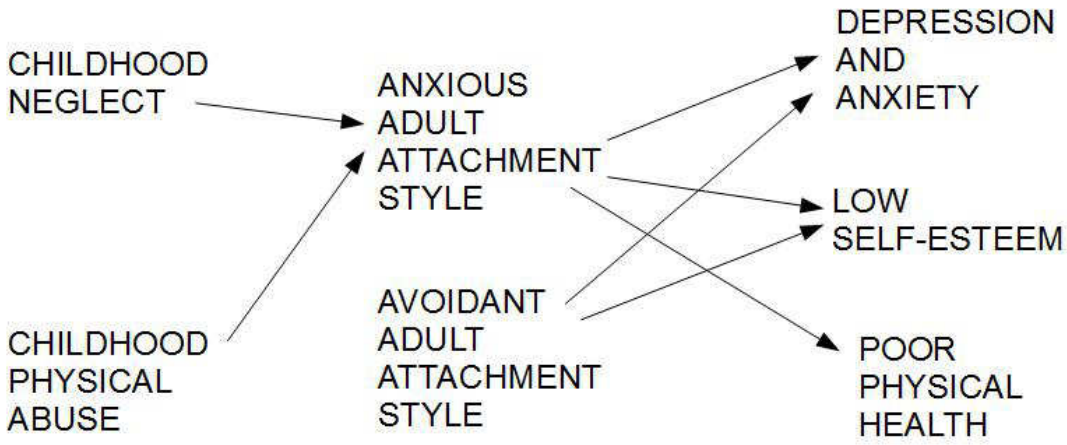
2.3.2. Adult Attachment Style

Childhood neglect and physical abuse can lead to insecure (anxious and avoidant) adult attachment styles [11], and these can be linked to poor mental and physical health (Widom et al 2018).

Widom et al (2018) examined the data on 650 US adults (aged 32-49 years) in a longitudinal study of the long-term consequences of child abuse and neglect.

Anxious attachment style (but not avoidant) was found to be more common among individuals with a history of child maltreatment than without such experiences. Both types of insecure adult attachments predicted depression, anxiety, and low self-esteem (poor mental health), but only anxious attachment style predicted poor physical health (figure 2.3).

[11] An anxious attachment style is characterised by fear of loss, and anxiety about abandonment in romantic relationships, while an avoidance of intimacy in adulthood is a characteristic of an avoidant attachment style.



(Based on figure 1 p539 and figure 2 p541 Widom et al 2018)

Figure 2.3 - Significant relationships between childhood experiences and adult attachment, and mental and physical health.

Corcoran and McNulty (2018) found a role for adult attachment in mediating between childhood adversity and adult psychological distress and subjective well-being (SWB) in a sample of 190 students in Dublin, Ireland. Several questionnaires were completed including the Experiences in Close Relationships - Relationship Structures Scale (ECR-RS) (Fraley et al 2011), which measures avoidant and anxious attachment styles in four adult relationships (mother, father, partner, best friend) and generally. Higher scores indicate insecure attachment styles.

Anxious attachment in general relationships was the strongest indicator of adult distress and SWB. "It was not surprising that the degree to which one distrusts how available people in general relationships will be when needed (ie: attachment anxiety − general) mediated the relationship between experience of adversity as a child and all four dependent variables, depression, anxiety, stress and SWB as an adult" (Corcoran and McNulty 2018 p306).

Two other mediators were anxious attachment with best friend, and avoidant attachment with mother.

Altogether, the link between childhood adversity and adult distress is lessened or worsened by the mediating attachment mentioned above. For example, a high anxious attachment with best friend worsened the link.

2.4. ADULT ECONOMIC OUTCOMES

What is the relationship between exposure to child

maltreatment and poverty as an adult? Bunting et al (2018) found twelve relevant longitudinal studies (up to mid-2017) investigating the causal association.

Despite the variety in aspects of the methodology of the studies (table 2.3), there was an overall significant association between a history of child maltreatment and poor economic outcomes in adulthood (eg: reduced income; unemployment). This was the case of physical abuse, while the relationship for sexual abuse was not consistent.

- Study population and size - from 492 to 11 874 participants; mostly USA and Western Europe.
- Measurement and definition of child maltreatment - eg: court substantiated; self reported.
- Measure and definition of adult economic outcomes - eg: "having skilled job"; annual earnings; welfare receipt.
- Length of follow-up - eg: income in 20s or 50 years old.
- Variables controlled in analysis - eg: family socio-economic status; parental education/employment.

Table 2.3 - Key differences in methodology between the studies in Bunting et al's (2018) review.

2.5. CRIMINAL JUSTICE SYSTEM INVOLVEMENT

Robertson and Walker (2018) found that child maltreatment predicted adolescent contact with the criminal justice system (CJS), but educational factors, like chronicity absenteeism, were, in fact, stronger predictors.

The researchers analysed data from Hinds County, Mississippi for 2003-15 (n = 61 087 13-25 year-olds). The outcome measure was any arrest by law enforcement, while the predictive variables were allegation to Child Protective Services for abuse, neglect or exploitation, and four educational factors (failed a year at school; enrolled in special education; dropped out of school; absent for more than 10% of classes).

After adjusting for variables like age, ethnicity, and gender, being the subject of a Child Protective Services investigation (even if no evidence found) was a significant predictor of CJS involvement (around 50% higher risk than no investigation). But educational factors were a stronger predictor of CJS involvement - school drop-out 80% greater risk, and chronic absenteeism 3.5 times more likely.

2.5.1. Re-offending

McCarthy et al (2018) analysed data on United States Air Force (USAF) families in the Family Advocacy Programme (FAP) database - 25 000 incidents of child maltreatment by over 15 000 offenders between 1997 and 2013.

Child neglect was most common, followed by emotional abuse, and physical abuse. Around 13% of offenders perpetrated multiple incidents. Re-offenders were more likely to be enlisted (rather than officers), to perpetrate child neglect and emotional abuse initially, and to be younger individuals.

McCarthy et al (2018) commented that the data "depends on incidents being reported to the USAF FAP and on there being sufficient evidence to conclude that maltreatment occurred. Thus, our analyses likely underestimate the true prevalence of child maltreatment and child maltreatment re-offending" (p74).

Furthermore, the authors stated that "identifying an individual as an offender of child maltreatment may change the likelihood of that offender being reported for a subsequent incident. For example, reporters may increase their surveillance of an individual once it has been determined that individual maltreated a child. This increased surveillance may increase the likelihood of the individual appearing as a re-offender in our analyses" (McCarthy et al 2018 p74).

On the positive side, the study made use of a large database with standardised criteria for maltreatment, and "these data do not suffer from reporting biases that may be present in studies that rely on self-report (eg: socially-desirable responding) or observations (eg: confirmation bias)" (McCarthy et al 2018 p74).

Differences in definitions, however, make comparisons with general population studies difficult (McCarthy et al 2018), though re-offending among US army families is 10% (Martin et al 2007).

2.6. MISCELLANEOUS

2.6.1. Maternal Post-Traumatic Stress Symptoms

It is estimated that over one in ten under 5s have directly witnessed physical violence between adults in their home, and the experiencing intimate partner violence (IPV) is greater if verbal and psychological aggression is included (Greene et al 2018).

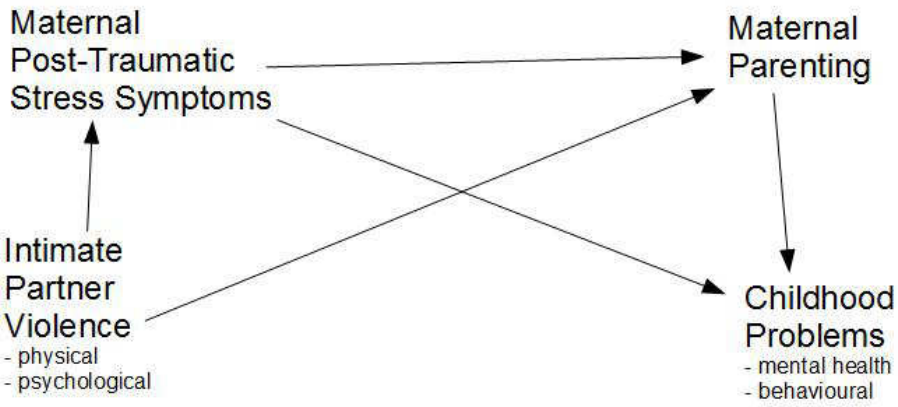
Greene et al (2018) observed: "That IPV has adverse effects on children is well-recognised. However, the specificity of IPV's effects on children's exposure-related psychopathology is not clear. Numerous studies

have found associations between IPV exposure and externalising behaviour, traumatic stress, internalising problems, and social problems in children. However, there is substantial variation in findings across studies with respect to the types of symptoms that are associated with IPV and the types of IPV that appear to be most predictive" (p169).

Differences between studies include in defining IPV, and in the age of the children studied, and the mechanisms of the effects of exposure to IPV on childhood mental health (eg: via maternal post-traumatic stress symptoms; PTSS) (Greene et al 2018).

Greene et al (2018) investigated maternal PTSS from IPV and parenting behaviour on 3-5 year-olds with 497 families in the Multi-dimensional Assessment of Pre-Schoolers (MAPS) Study in the USA. This study was based on data collected in 2011 and 2014, which included maternal PTSS, IPV, parenting information, and child psychiatric symptoms from questionnaires and observations.

Around one-fifth of mothers reported experiencing physical IPV in the last year and four-fifths psychological IPV (eg: demeaning comments and threats). Statistical analysis produced four direct relationships (figure 2.4):



(Based on Greene et al 2018 figures 1-4)

Figure 2.4 - Direct statistical significant relationships found by Greene et al (2018).

- IPV and maternal PTSS;
- Maternal PTSS and harsh parenting behaviours;
- Maternal PTSS and childhood mental and behavioural

problems;
- Harsh parenting and childhood problems.

The researchers did not find a direct relationship between witnessing IPV and childhood problems. But, altogether, mothers with PTSS from IPV and who use harsh punishment (because of the PTSS) are more likely to have 3-5 year-olds with mental health and behavioural problems. The researchers commented: "The results of this study suggest a complex relationship of family physical and emotional climate that affects both mothers' and young children's emotional and behavioural functioning following IPV" (Greene et al 2018 p176).

2.6.2. Animal Cruelty

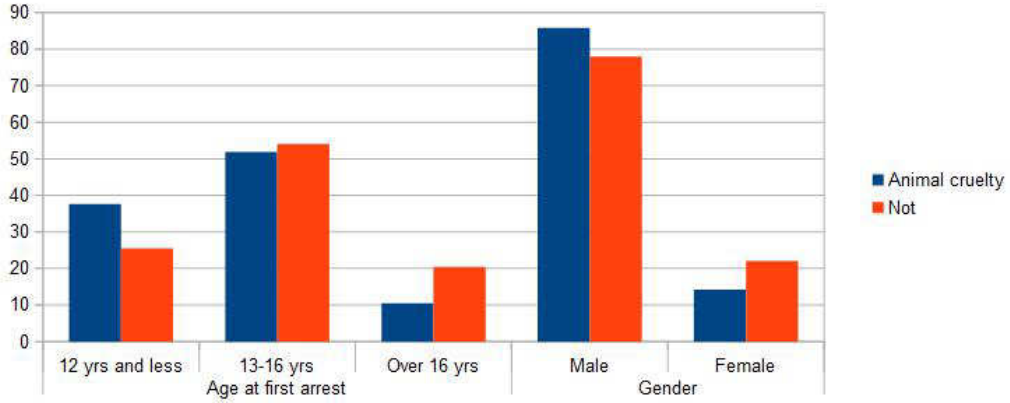
Animal cruelty (AC) "includes intentional and unintentional acts of abuse, neglect, torture, and abandonment of animals such as orchestrated fighting, burns, blunt force trauma, sharp force injuries, gun and projectile injuries, asphyxia and drowning, sexual abuse, and poisoning... Acts of animal cruelty by children is one of the earliest symptoms of conduct disorder... and often a precursor to engaging in later crimes" (Bright et al 2018 pp287-288).

Children may commit AC because of curiosity, imitation, desensitisation to violence, low empathy, or lack of attachment. Children exposed to domestic violence are much more likely to commit AC (Bright et al 2018).

"In the most extreme cases, children living in a violent household may kill an animal to prevent their pet from further torture" (Bright et al 2018 p288). For example, between one-quarter and one-half of child domestic violence victims reported that their pets were threatened, harmed or killed by their abuser (Bright et al 2018). Animal abuse occurs in nearly 90% of homes of child physical abuse, and one-third of homes of neglect or sexual abuse (Bright et al 2018).

Bright et al (2018) explored the link between adverse childhood experiences (ACEs) and AC among a sample of over 81 000 adolescents referred to the criminal justice system in Florida between 2005 and 2014. It was a retrospective review of records. AC was scored by the item, "What's the worst thing that you've ever done to an animal?". Ten common ACEs were rated as present or absent.

Overall, 466 individuals were classed as the AC group, and compared to the rest of the sample. They were male, non-Hispanic White, and younger at the time of first arrest for any offence (figure 2.5).



(Data from Bright et al 2018 table 1 p291)

Figure 2.5 - Percentage of respondents for two characteristics.

As well as family violence, the AC had experienced four or more ACEs (including caregiver divorce, caregiver imprisonment, abuse and neglect, and household substance abuse and mental illness). The risk of AC was five times greater for more than four than less than four ACEs (figure 2.6).

(Data from Bright et al 2018 table 2 p293)

Figure 2.6 - Adjusted odds ratio for AC for selected ACEs (where 1.00 = not experienced).

The key limitation of the study, Bright et al (2018) admitted, "our measure of animal cruelty is broad and subject to reporting and interviewer bias. Due to social desirability, juveniles may have been less inclined to report engaging in the most severe forms of cruelty

leaving our sample biased toward a less egregious sample. Additionally, by using a semi-structure interview with a broad question of 'What's the worst thing that you've ever done to an animal?', we may have captured youth who engaged in a broad range of behaviours, some of which may be argued as not acts of cruelty. Given that the question was designed as a risk assessment for juvenile offenders and asked and coded by interviewers trained in risk behaviours, it is unlikely that our sample included youth who did not truly engage in cruelty. If anything, we may have failed to ascertain all youth in the 81,000 who were indeed cruel to animals" (p294).

2.6.3. Sleep Impairment

Trauma-related sleep disturbances include problems falling and staying asleep, and nightmares. The latter reported in between 20-80% of children after trauma by different studies. Trauma-related sleep disturbances have been found in 3% to 77% of children in various studies (Wamser-Nanney and Chesher 2018). "The large range of sleep problems is likely a function of methodological differences in sample types, assessment instruments, and who is reporting on the child's symptoms (caregiver vs child). Further, much of the prior literature in this area is limited by small sample sizes (ns <60)...and samples that were exposed to one specific type of trauma, which was often non-interpersonal in nature..., and thus, not representative of trauma exposure" (Wamser-Nanney and Chesher 2018 pp470-471).

Wamser-Nanney and Chesher (2018) attempted to rectify these problems in a study of 276 6-18 year-olds seeking trauma-related treatment from a child advocacy centre in the USA. Different questionnaires were completed by the children and adolescents, and their caregivers.

The prevalence of regular nightmares was 14% reported by caregivers in one questionnaire, and 10-30% self-reported by other questionnaires, while trouble sleeping was 11% and 9-40% respectively (table 2.4).

In terms of the trauma types, only domestic violence was significantly associated with sleep problems. "In contrast to the hypotheses, few differences emerged between trauma type groups and, when differences were present, effect sizes were small. Sexual and emotional abuse were not significantly associated with higher levels of sleep difficulties, although small effect sizes were found for sexual abuse and caregiver-reported nightmares as well as emotional abuse and caregiver-reported not sleeping well" (Wamser-Nanney and Chesher 2018 p476).

	Child Behaviour Checklist (CBCL)	Trauma Symptom Checklist for Young Children (TSCYC)	Trauma Symptom Checklist for Child (TSCC)	UCLA PTSD Index for DSM-IV Child Version (UPID)
Completed by	Caregiver	Caregiver	Child or adolescent	Child or adolescent
Nightmares	Very/often: 13.8%	Almost all of time/very often: 9.2%	Almost all of time/very often: 10.6%	Much/most of time: 30.5%
Trouble sleeping	Very/often: 11.6%	Not sleeping well - Almost all of time/very often: 9.1%	-	-
Trouble falling asleep	-	-	-	Much/most of time: 43.3%

Table 2.4 - Reports of trauma-related sleep disturbances based on questionnaire used.

Why were the findings contrary to expectations? Wamser-Nanney and Chesher (2018) offered these possible explanations:

a) Lack of sleep specific measures, including objective measures of sleep. The questionnaires used asked generally about problems and trauma, and included limited, general items about sleep.

b) Sample - ie: treatment-seeking. "Group differences in sleep problems may have been more prominent in a more random sample of trauma-exposed children. The use of a treatment-seeking sample also limits the generalisability of the results as only those trauma-exposed children who have come to the attention of a caregiver for trauma symptoms, and have a legal guardian who is willing and able to initiate mental health services would be included" (Wamser-Nanney and Chesher 2018 p477).

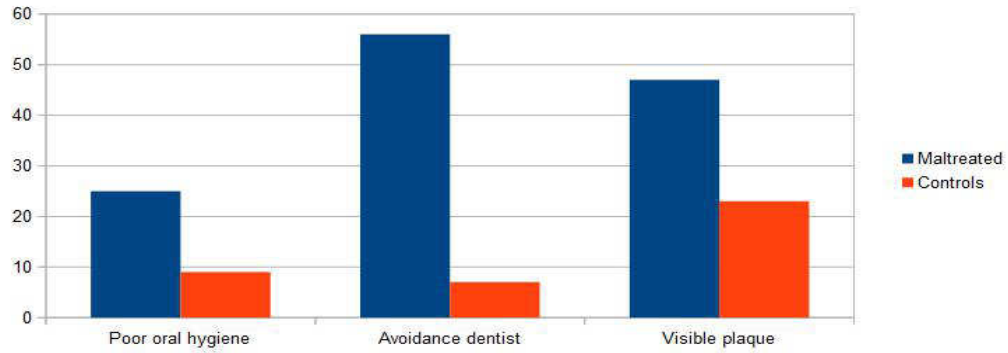
2.6.4. Oral Health

Kvist et al (2018) considered the oral and dental health of maltreated children in a sample of 86 2-18 year-olds reported to Social services in Sweden (as compared to 172 matched controls). Oral health is an

often overlooked aspect of neglect, but it can lead to dental problems throughout life.

Oral health was scored from dental records using variables like dentist appointments attended, number of teeth needing treatment, and evidence of oral hygiene (eg: teeth brushing).

Compared to controls, the maltreated sample had less appointments [12], and more dental problems (figure 2.7).



(Data from Kvist et al 2018 table 2 p519)

Figure 2.7 - Selected significant differences in oral health between the study and control samples (%).

There are two key methodological issues with this study - (a) the participants, and (b) the records analysed.

(a) The study group was based on suspected cases of child abuse and neglect, but not confirmed. The matched controls lived in the same socio-economic area and attended the same dental clinics as the study group.

(b) The researchers commented: "The study is based on notes from the dental records, thus, treatments not included in the records (such as treatments at previous or other clinics) were not included in the study. The written information might not accurately describe the problem or situation, which would affect the results. It is also possible that the dentists filtered the information they received from the parents or the children before recording it in the dental records. Thus, the quality of the notes in the records depends on each dentist who conducts the treatment, and to what extent they decide to note certain behaviours and circumstances. We expect this variation to be equally distributed among the study and control groups and do not expect it to have

[12] All dental care for children and adolescents is free in Sweden.

affected our results" (pp521-522).

Friere de Silva-Junior et al (2018) considered oral health-related quality of life (OHRQoL) among forty-eight 8-10 year-old victims of child abuse in Pelotas, Brazil (and 144 controls). Controlling for actual state of teeth, the victims reported significantly more negative OHRQoL.

Three key methodological issues can be noted about this study:

i) The comparison group was matched on sex, age, type and location of school, but not family structure, and there was no checking for unreported child abuse in this group. Friere de Silva-Junior et al (2018) admitted that "it is a difficult task to ensure that no member of the control group is actually a victim of some form of violence, since intra-familial violence is a 'silent' phenomenon and diagnosis is often difficult" (pp456-457).

ii) Though all members of the research team were trained, the study took place over six years, so different interviewers were involved, and information about oral health also varied.

iii) The questionnaires were self-reported by the children. "In the case of children who are victims of abuse, specifically of intra-familial violence, such children tend to be 'indoctrinated' in responding to certain questions, since the aggressor tends to make a 'pact of silence' in the home... However, every effort was taken to reduce bias in both samples, including administration of the questionnaire prior to the clinical examination, by a staff member other than the examiner, and in a place that would guarantee confidentiality" (Friere de Silva-Junior et al 2018 p457).

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3. CHILD SEXUAL ABUSE

3.1. TABOO SUBJECT

The World Health Organisation in 2006 defined child sexual abuse (CSA) as "involvement of a child in sexual activity that he or she does not fully comprehend, is unable to give informed consent to, or for which the child is not developmentally prepared, or else that violates the laws or social taboos of society" (quoted in Alzoubi et al 2018).

The experience of such abuse is compounded in countries where discussion of sex-related issues with children is taboo, as in Jordan. Alzoubi et al (2018) explained: "In the Jordanian culture, the children who were exposed to sexual abuse and their families felt ashamed and humiliated, especially those who were raped, and this feeling tends to be stronger if the victim was a girl. Moreover, the girls who were exposed to sexual abuse during childhood are rarely getting married in the future... In the Jordanian culture, which is strongly concerned with honour issues, an incident of CSA is considered a violation of family honour. Therefore, the affected family could avoid social interaction until they restore the honour of their family and punish the abuser or keep silent to avoid the social stigma" (p150).

Yet "there are mothers who leave children unattended in play areas and even on streets. Children from the age of 4 are allowed to go near markets and shops to buy groceries, exposing them to the risk of CSA. In addition, some mothers don’t closely monitor what their children do and see on different media sources (TV, tabs, cellphones, internet). The issue of child neglect is not well

researched in Jordan, and the annual reported incidence of child neglect has remained low. This is not surprising as the concept of neglect is not easily understood" (Alzoubi et al 2018 p150).

Alzoubi et al (2018) surveyed 488 Jordanian mothers of children aged 12 years or younger about their knowledge, perceptions, and prevention of CSA. The questions were based mainly on the Child Sexual Abuse Knowledge Scale (Chen and Chen 2005) (table 3.1).

- All children who report or disclose CSA telling the truth.
- A person who has sexually abused a child will likely repeat the offence.
- Discussing sex with children is bad for them.
- Female adults cannot sexually abuse children.

(Source: Alzoubi et al 2018 tables 1 p153 and 3 p154).

Table 3.1 - Examples of items used by Alzoubi et al (2018).

In terms of the findings:

i) General knowledge about CSA - Over 90% of mothers knew that CSA had negative impacts on a child, but less than a half were aware of the laws and organisations to help in Jordan. Only 34% believed that a child who discloses about CSA always tells the truth.

ii) Knowledge of signs of CSA - Around one-third of respondents were aware of behavioural signs (eg: "abnormal interest in or curiosity about sex or genitals"). Generally, "the maternal knowledge about the signs and symptoms of CSA increases when the mothers has a high level of education, or is in employment, or lives in a household with a high income" (Alzoubi et al 2018 p156).

iii) Perceptions of CSA - Around two-thirds of the mothers perceived CSA as a common problem in Jordan, but only half saw the risk related to perpetrators that the child knew.

iv) Prevention practices - Many mothers were aware and used prevention strategies (eg: encourage child to speak about events; not to accept gifts from strangers).

The sample was opportunist, and involved women working, or those visiting maternity clinics, for

instance.

3.1.1. Educating Parents

Educating children about CSA and disclosure can reduce the risk of it, but educating parents is also beneficial. The parents can learn the knowledge and skills required to spot vulnerabilities, and talk to their children about protection.

One way to educate parents is through short videos (eg: 3-4 minutes long) on topics like who abusers could be and how they gain access to children, the importance of talking to children about safety and disclosure, and how to handle disclosures. In the USA, the Committee for Children's Second Step Child Protect Unit have produced such videos.

Nickerson et al (2018) evaluated the effectiveness of such videos in a randomised controlled trial with 438 parents of 3-11 year-olds recruited via advertisements. Half the participants watched four videos online (intervention group), and half watched videos on child obesity (control group). One week prior to watching, the parents completed questionnaires about their knowledge of CSA, for instance, (pre-test), and then completed the questionnaires in the month after watching (post-test).

The intervention group showed increased knowledge about CSA, and greater motivation to talk to their children about the subject between pre- and post-test. "Interestingly, both the intervention and control groups showed increases in their self-reported conversations with their children about sexual abuse, suggesting that answering questions about CSA alone may prompt parents to talk about it" (Nickerson et al 2018 p19).

A key finding was that parents endorsed many common myths about CSA in the pre-test questionnaire (eg: perpetrators not known to the child and family), and this was reduced by the videos.

3.2. DISCLOSURE

Studies of disclosure rates of CSA vary between 24% and 96% (Lahtinen et al 2018). This wide range is probably due to methodological issues including (Lahtinen et al 2018):

i) Source of information - eg: retrospective survey of adults or children undergoing forensic evaluation for suspected CSA. In the former case, memory bias is an issue as well as that "adults may reinterpret both the experience they had and the reasons they might have had for non-disclosing as a child" (Lahtinen et al 2018 p85). In the latter case, the age of the child is important,

and the forensic evidence used, for instance.

ii) Definition of CSA - eg: inclusion or not of unwanted sexual experiences by peers.

iii) Definition of disclosure - eg: telling anybody or a professional in a formal situation.

iv) Sample.

Population-based samples of children or adolescents for victim surveys are rare (Lahtinen et al 2018). For example, Kogan (2004), one of the first such studies, found an overall disclosure rate of 74% among US female 12-17 year-olds. Age was important, with individuals under seven years old least likely to disclose, and older adolescents more likely to tell peers. Closeness of the relationship to the perpetrator, and severity of the abuse were also relevant factors - ie: closer relationship less likely; more severe more likely to disclose. Note that this study used the concept of unwanted sexual experiences rather than CSA (Lahtinen et al 2018).

Lahtinen et al (2018) reported the findings of the Finnish Child Victim Survey 2013, which included over 11 000 10-17 year-olds from across Finland. The Finnish legal definition of CSA was used - ie: "having had an experience of a sexual approach by or intercourse with an adult or with someone who was at least five years older at the time of the experience" (Lahtinen et al 2018 p87). Disclosure was defined as telling anyone.

Overall, 2.4% of the sample reported CSA (the majority were female), and 80% had disclosed to someone - friend or parent being most common.

Comparing those who disclosed and those who did not, self-labelling the experience as sexual abuse, and evaluating it as negative were key in disclosing. Disclosure was also more likely when the perpetrator was older (at least 30 years old), and the child was younger (under seven years old), for instance. Lahtinen et al (2018) commented: "Given that mothers were the most common adult recipients of CSA disclosure in the present study, it was not surprising that children experiencing emotional abuse by their mothers were less likely to disclose to an adult. Experiencing emotional abuse by fathers did not affect disclosing to an adult. Most of the CSA victims were girls, and for girls it is probably more natural to discuss sexual issues with their mother than with their father. Consequently, if the mother is emotionally abusive, there may be no adult to turn to regarding such a sensitive issue" (p93).

The study used anonymous computerised questionnaires, which should encourage honesty, but were

self-reported, where this is a risk of under- or over-reporting. Because the questions on CSA were part of a wider study of victimhood, information was collected on speed of disclosure, factors in delaying, and how many people disclosed to, for example (Lahtinen et al 2018).

3.2.1. Organisational Decisions

Smith et al (2018) began: "Child welfare authorities are legally mandated to promote the protection and well-being of vulnerable children... In carrying out this mandate, agents of child protection organisations are given the authority to make decisions with potentially momentous and life-long consequences. Although the mandate of all child welfare systems is to intervene for the benefit of children, these decisions are made under a great deal of uncertainty about the potential consequences. An error can be devastating. It can mean, for example, that a child is unnecessarily permanently removed from the care of his or her family or a case is prematurely closed, resulting in serious harm to a child or even a fatality" (p573). Are these decisions influenced by the characteristics of the child welfare organisation?

Studies have found that "the clinical presentation of children and families is the strongest influence on the decision to place a child in out-of-home care" (Smith et al 2018 p574) (eg: caregiver alcohol abuse; condition of household; signs of neglect). But there is a small influence of other factors - ie: "the unexplained variance in the placement decisions across organisations" (Smith et al 2018 p574).

Fallon et al (2015), for example, found that "the structure of governance of an agency predicted out-of-home placement. Agencies that were government-run and provided direct child welfare services were more likely to place a child than community-run agencies receiving government funding" (Smith et al 2018 p575).

Smith et al (2018) analysed data from Ontario, Canada in 2013, which included forty-six child welfare organisations. Organisations were categorised based on case workers (eg: specialist), and nature of the service provision (eg: drug/alcohol counselling and child welfare). The decision to place a child in out-of-home care was found to be highly consistent between organisations, which suggested that the characteristics of the organisation were non-significant.

Smith et al (2018) considered possible explanations for the findings:

a) Child placements are too infrequent for variability between organisations to be measured.

b) The data were secondary, and came from the "Ontario Incidence Study of Reported Child Abuse and Neglect 2013" (OIS). Although, it is "the best source of information regarding child welfare organisations in Ontario, the purpose of the OIS was not to examine the child welfare organisation itself" (Smith et al 2018 p580).

c) Problems with measuring characteristics of organisations, including "the complexity of their mandates, a lack of consensus around organisational measures, the limited availability of data about both organisations and the children and families they serve, and a limited number of scholars working in this area" (Smith et al 2018 p580).

d) In practice, only the organisational characteristics of role specialisation, and service integration were tested in statistical models.

3.3. INTERNALISING SYMPTOMS

Victims of CSA vary in their level of symptoms of PTSD (appendix 3A), depression and anxiety (known as internalising symptoms) in later life. For example, a study in Chile with adolescents found that most victims had moderate levels of symptoms, and few had extremely high or low levels (Guerra and Farkas 2015 quoted in Guerra et al 2018).

How to account for the variations? The interaction of personal, social, and sexual abuse variables (eg: perceived social support; type and frequency of abuse; use of violence; self-blame).

Guerra et al (2018) concentrated on two protective factors - self-efficacy (SE) (defined as the "individuals' belief in their ability to cope with excessive demands caused by traumatic events"; p311), and family support - in further analysis of the Chilean data (n = 106 12-17 year-old females).

There was no direct relationship found between severity of sexual abuse and internalising symptoms. Where violence was involved, SE was linked to coping, and family support was associated with SE. Simply, individuals with higher SE had lower internalising symptoms.

This study was important as performed outside of Europe and North America.

In terms of ethics, "to avoid exposing participating adolescents to stressful instruments, their own psychotherapists responded to the questionnaire about the adolescents' history of victimisation using the information available in clinical records. Along the same

lines, to avoid contact between the adolescents and unknown researchers, their own psychotherapists administered the battery of instruments after being trained on their use by the research group" (Guerra et al 2018 p313). Furthermore, the adolescents had not experienced sexual abuse in the last two years, and were involved in specialised psychotherapy.

3.4. "BODY SELF"

"Experiencing CSA may have long-term implications for victims' body and self representations. The survivor's body, which often 'remembers' the abusive acts, may function as a living memorial of the traumatic event... As such, it may carry the memories of being used, threatened, invaded, and/or attacked" (Talmon and Ginzberg 2018 p416). This is a challenge to the "body self".

The "body self" can be influenced by shame, manifest as negative evaluations of appearance and body functioning, body objectification (where "an individual's body is no longer perceived by others as a subjective; rather, it has been transformed into an object for the other's use, satisfaction and enjoyment"; p417), and disrupted body boundaries (Talmon and Ginzberg 2018). "Body boundaries demarcate the self; they separate the self from its surroundings... and draw a clear line between the 'self' and the 'not self'" (Talmon and Ginzberg 2018 p417).

Talmon and Ginzberg (2018) investigated these three factors in a convenience sample of 843 Israeli students recruited online. A number of questionnaires were completed, and the items included:

- CSA - "was touched sexually"; "was hurt if didn't perform a sexual act that was requested".
- Discomfort in close proximity to others - "I feel anxious while being touched by someone"; "I like physical contact with other people".
- Body shame - "have you felt ashamed of your body or any part of it?"; "I feel like I must be a bad person when I don't look as good as I could".
- Body self-objectification - "I rarely compare how I look with how other people look"; "I often worry about whether the clothes I am wearing make me look good".
- Disrupted body boundaries - "my feeling of physical separation from the environment is rather vague"; "I

> don't feel strictly separated from the surrounding reality".

The study found, overall, that "disrupted body boundaries mediated the associations between CSA and both discomfort in close proximity to others and body shame.... For the CSA survivor, a disruption of body boundaries, which reflects one's representations of his/her body, indicates a constant experience of the body being intruded and invaded. Thus, being in close proximity to others, a situation which reflects one's reactions in interpersonal interactions, may echo these early experiences and activate memory traces of invasion and assault. These memory traces are sensory in nature, as they are for PTSD victims..., and may increase physical arousal and induce a sense of threat" (Talmon and Ginzberg 2018 p423). This was stronger for women than men.

Contrary to predictions, CSA was not associated with body self-objectification.

The questionnaires were all self-reported, which "implies that the measured variables are conscious subjective processes. Thus, although all variables were measured by widely used and validated questionnaires, one must take into consideration the fact that they represent self-perceptions" (Talmon and Ginzberg 2018 pp423-424). Further methodological issues included the retrospective recalling of CSA, and the convenience sampling. A limited number of studies have examined CSA among Israeli students, and found lower levels of CSA compared to students in other countries. "This difference may reflect either a genuine difference in exposure or social/cultural differences regarding the willingness to expose the abuse... Furthermore, Israel, which is largely an immigrant society, is comprised of various social and cultural subgroups. Indeed, it has been shown that there is considerable variation among social groups with regard to reports of child maltreatment..., public attitudes toward childhood maltreatment..., and sex offences" (Talmon and Ginzberg 2018 p424).

3.5. CLERICAL COLLAR CRIME

"Clerical collar crime" has been coined for clergy-child sexual abuse within Christian Church Institutions in the Western world (Guerzoni 2018).

With time, the clergy are becoming trained in child protection. Guerzoni (2018) called this the "clerical-child-protection habitus" (to use Bourdieu's (1984) terminology) to cover "practices utilised by clergy to prevent abuse events and inappropriate interactions with children on an every-day basis" (p85).

Guerzoni (2018) interviewed 34 members of the clergy in the Anglican Diocese of Tasmania, Australia, in 2016.

The findings on clerical child protection were presented in categories linked to "situational crime prevention" (Clarke 1997) (which focuses on reducing crime by changing the environment):

i) "Increase effort" - Making the crime more difficult (ie: require more effort) to deter offenders - eg: not leaving an adult and a child alone, as described by "Reverend Mary": "making that there are two adults in the car, or that a parent has expressly said, or there are two children in the car and making the parents know that you are doing it, being as transparent as possible as you can" (p89).

Another technique is screening. "Reverend Levi" stated: "I think the screening of leaders or anyone who is going to be involved with the church with children, it's the first step and probably the most important step... having to have a number of referees, having a working with children's check, yeh police checks, working with children's checks, that is the best way to start off as well" (p90).

ii) "Increase risk" - Deter offenders by making detection more likely - eg: video surveillance in and around a church building.

iii) "Control prompts" - Systems and processes that discourage offending behaviour - eg: the nature of the relationship with children, as described by "Reverend Shadrach": "I don't share with them, because I am not their friend in that way... you are friendly, but it is not the same as being a friend" (p93).

"Reverend Isaiah", however, expressed the downside of the situation: "if a child falls over the teacher can't go over to them and pick them up and given them a hug and say 'you're alright' you know dust their knee off and 'go on'... But you can't do that now, and I think, I would, I imagine, I imagine within the church everyone has got that fear now: you can't be human" (p94).

Guerzoni (2018) summed up the changes in ministerial practice at a:

- Micro-level - "changes to behaviour and factors that are directly within their own physical control; for example, physical contact employed with children, regulating emotional boundaries with children, monitoring and filtering language articulated in the company of minors, the mindfulness and regulation of the amount of attention given to children, and the shift in consultative practices as a means to facilitate personal safety and those who are in direct

contact with the cleric" (p95).

- Meso-level - "alterations to place (architectural renovations to create transparency), space (guardianship), and settings (surveillance in consultations, church services and youth programmes/activities/events) as a means to facilitate safe environments" (Guerzoni 2018 p95).

Guerzoni (2018) noted the possibility that the changes in practice are about the "security and the preservation of the clerical class at the expense of children" (p96).

3.6. SEXUAL EXPLOITATION

Child and adolescent sexual exploitation (CASE) is defined as "any person under the age of 18 who engaged in trading or exchanging sex or sexual activities (ie: stripping, exotic dancing, pornographic video-recording), for drugs, food, shelter, protection, other basics of life, and/or for money" (Moynihan et al 2018 p441).

Male victims of this type of abuse have poorer mental health, and greater alcohol consumption in later life than the general population, for example (Moynihan et al 2018).

Moynihan et al (2018) reviewed the literature on sexually exploited youths (under 18 years old). Research articles published since 1990 [13] in English until mid-2017 were searched to give 42 relevant articles (covering 33 unique data sets).

The prevalence of CASE was between 1.5-5% in general population surveys, but much higher any specific populations (eg: over 40% of homeless or street youths). "Certain markers of childhood adversity, such as poverty, exposure to substance using parents, unstable parental relationships, and experiences of abuse (sexual, physical, emotional) were more common among boys who had been exploited in comparison to their peers who had not" (Moynihan et al 2018 p449). Homelessness was also a risk factor.

CASE was associated with greater use of alcohol and drugs, and with mental health problems and self-harm behaviours currently and in later life.

The studies in the review varied in a number of ways methodologically, including:

[13] The United Nations Convention of the Rights of the Child was adopted in 1989, and it covered CASE.

- Sampling - eg: convenience sample of street youths; nationally representative stratified probability sample.
- Place of sample - eg: schools; homeless shelters.
- Sample size - from 9 to 18 341.
- Age range of sample - eg: 2-18 years; 14-17 years.
- Male only sample or included females.
- Definition and measurement of exploitation.
- Research design - eg: mixed methods; case-control; ethnography.

Moynihan et al (2018) outlined the problems in their own words: "any studies that reported information regarding boys exchanging sex for something were included in the review; as a result, synthesising the state of the literature was difficult, due to the wide range of study variables, variety of measurement tools, and diverse research designs used across this group of articles. Despite extensive testing and revision of search strategies, the lack of a specific controlled vocabulary term for 'child and adolescent sexual exploitation' required the use of complex keyword searches which may not have captured the entirety of the literature. As a result, we encountered considerable methodological challenges regarding inconsistent definitions of child and adolescent sexual exploitation; distinguishing sexual exploitation as a distinct type of child sexual abuse; and meaningful disaggregation of outcome data... Next, due to financial and human resource constraints, a search of non-refereed or 'grey' literature was not performed, increasing the risk that our results may have been influenced by publication bias. Moreover, research published by non-government organizations and other organisations working with vulnerable youth populations are often published in reports rather than peer-reviewed journal articles, and so would have been excluded..." (p449).

However, Moynihan et al (2018) felt that their review had highlighted that "sexual exploitation of boys is an issue in both high-income and low-income countries, and identifies significant health disparities between boys who are sexually exploited and their non-exploited peers" (p450).

Commercial sexual exploitation of children (CSEC) was defined by the World Congress against Commercial Sexual Exploitation of Children in 1996 as "sexual abuse

of a child by another person in return for remuneration, in cash or kind, paid to the child or to a third person(s). The child is treated as a sexual and commercial object. The CSEC constitutes a form of coercion and violence against children, and amounts to forced labour and a contemporary form of slavery" (quoted in Klimley et al 2018). it includes sex trafficking, prostitution, pornography, and "mail order brides" (Klimley et al 2018).

Certain individuals are more vulnerable to CSEC than others. Klimley et al (2018) analysed FBI data from Florida on seventeen individuals to highlight victim characteristics. They found the following patterns:

- More often female.
- 13-18 years-old.
- Ethnic minority.
- Previous CSA, other abuse and/or neglect.
- "Runaway" (very important risk factor) and other high-risk behaviours (eg: substance use; delinquency).
- Poverty and family dysfunction.

These findings confirmed previous research, but the data were "derived solely from cases investigated by the FBI Miami Field Office. Consequently, generalisation of these results to national and international may be difficult" (Klimley et al 2018 p224).

Other risk factors for CSEC from the research include identifying as LGBTQ [lesbian, gay, bisexual, trans, queer], and contact with child welfare services (Panlilio et al 2019).

Panlilio et al (2019) concentrated on the latter in their analysis of US data (National Survey of Child and Adolescent Well-Being; NSCAW). The outcome measure was, "In the past six months, have you been paid for having sexual relations with someone?". Up to 3% of 2418 individuals aged eleven years and above answered "yes".

Four variables were able to distinguish individuals who had had contact with child welfare services at risk of CSEC and not - previously run away from home, use of drugs and alcohol, having been sexually active before fourteen years old, and having hitch-hiked. The risk for males (but not females) was also increased by previous suicide attempts, and exposure to severe violence.

This study had three limitations - no comparison group without contact with child welfare services; self-reported measures; one simple question as the outcome measure (Panlilio et al 2019).

Listening to victims is important, and Ijadi-Maghsoodi et al (2018) reported focus groups with thirteen female 12-19 year-olds in CSE in Southern

California, USA.

The theme of "in the life" emerged from this qualitative study - a term used by the participants to refer to their lived experience of CSE. "Many participants resisted the idea that they did not choose their paths and did not want to be viewed as victims by health care providers. There was consensus, however, that regardless of how one enters the life, being in the life was hard to endure, and hard to leave. One youth stated, 'You can leave. But your soul's gonna still be trapped'. Participants also described that the threat of violence was an everyday part of their lives. As one youth stated, 'I've been punched before. I don't know how to shut up sometimes'" (Ijadi-Maghsoodi et al 2018 p336).

Use of health care services was limited because of lack of trust of providers. "Although some youth noted positive interactions with providers, including times when providers asked them questions and explained how to care for their bodies, many described situations where they felt judged or stigmatised by a provider. For many youth, feeling judged eroded their trust in providers. Several youth expressed feeling bothered that providers would offer opinions, such as 'you should be in school... you shouldn't be doing this or that', without trying to understand the context of their lives. Youth explained that this dynamic led them to avoid health providers and limited the extent of their participation in required therapeutic activities" (Ijadi-Maghsoodi et al 2018 p337).

There was also concern for confidentiality with these services, and the ethos of survival "in the life", which included strength, self-reliance, and "street smarts". "The necessity for 'working' frequently competed against youths' desire to seek health care. One youth rationalised not seeking medical care for a violence-inflicted injury, 'Just because I have a busted lip, doesn't mean I wasn't gonna go make my money. Carmex, ice, it's not the end of the world'. Her priority, as echoed by many of the youth, was to survive" (Ijadi-Maghsoodi et al 2018 p338).

Other studies have reported significant physical and mental health risks for adolescents in CSE, including sexually transmitted infections, unwanted pregnancies, violence-related injuries, substance use problems, depression, and PTSD (Ijadi-Maghsoodi et al 2018).

Reed et al (2019) focused on relationships that influenced the pathways to CSEC. They reported interviews with 26 female adult survivors of CSEC in Las Vegas,

Nevada, USA [14]. Three types of relationships were distinguished:

i) Friends - Around half of the respondents (n = 14) said that key friends had influenced the CSE involvement, either through peer pressure or as role models.

For example, "Carson" described how a Facebook friend had introduced her into the sex trade - "She was telling me how to do it, and what great, what good hotels for me, basically. She was telling me how to do it... coaching me" (p5).

ii) Family - Four respondents named family members who had encouraged the involvement in the sex trade. "Jean", for instance, talked of her mother: "She's the one that introduced me to the life when I was 13... Then she had a drug dealer that lived right next door. He was my mom's drug dealer... My mom just, in other words, sold me to him for drugs, so he was a pimp... My mom knew everything that was goin' on, but didn't do anything" (p6). While "Ely" said: "I always seen my sisters do it. I have older sisters. They've been doing it, and I see them doing it... [When asked if that is how she got involved in the sex trade] Yeah. They didn't coach me on how to do it, but I already knew what the business was, basically" (p6).

iii) Boyfriend - Eight respondents named their boyfriend as encouraging their participation in the sex trade, through coercion or violence. "Austin" described her experiences of the latter with her pimp-boyfriend: "I was currently in a relationship and it turned very physical... I did what my boyfriend wanted me to do, to make him happy and to have a place to stay... being with somebody that I thought cared about me... he would protect me... I started fearing for my life... he started beating me uncontrollably... He was kicking me in my ribs, in my face, in my head... he literally tried to throw me off the balcony and strip me naked" (p6).

Reed et al (2019) commented: "Romantic relationships may have begun under the guise of affection, but afterwards, the 'boyfriends' began to exploit the young woman and become her pimp. Boyfriends who later become pimps are one of the more frequent routes to exploitation found in prior literature... Often termed 'Romeo' pimps..., these pimps will start an intimate relationship with the victim and later use that relationship to coerce the victim into trading sex. Other pimps, known as

[14] It was estimated that two-thirds of sex trafficking cases in Las Vegas in 2014 involved victims under eighteen years old, and this was the highest rate of CSEC cases with over 5000 individuals between 1994 and 2007 (which is nearly 25 times more than in Kansas City - the second highest city) (Reed et al 2019).

'gorilla pimps' will utilise threats or violence to force their victim to trade sex" (p9).

The researchers also drew out from the interviews contextual factors that influenced involvement in CSEC:

- Family instability - eg: parent(s) on drugs or addicted to gambling.

- Abuse within the home - eg: "Moapa" said: "Well, my stepdad was an alcoholic. Then when I was six he started showing me porn and asking me to re-enact it. [When asked whether anyone knew about the abuse] Well, my mom knew. Me and my brother were expected to perform the porn" (p7).

- Running away from home - mentioned by twenty respondents.

- Financial influence - ie: living in poverty.

- Substance abuse/addiction - eg: "Stateline" said: "When I was 13 I got into hardcore drugs... It got to the point that I got kicked out of my parent's house... Drugs was just my main thing from the time I was 13 to 21... I've dabbled in everything, but my main thing was meth" (p8).

- Foster system - eg: temporary placements with families.

3.7. INDIVIDUALS WITH LEARNING DISABILITIES

CSA is estimated to be 4-8 times higher for individuals with learning disabilities (LDs) (or intellectual disabilities) than the general population (Wissink et al 2015). The perpetrators are most often family members or friends, which is common to all CSA, but specific to children with LDs is the perpetrator having a relationship with the victim directly related to disability (eg: personal care assistant; residential care staff) (Sobsey and Doe 1991).

The term "mate crime" (appendix 3B) has been used to describe a "faux-friendship strategy" used by offenders to exploit individuals with LDs generally. Typical scenarios include "being taken advantage of by friends, often recent acquaintances; by having their flats turned into crack dens; their residences used to store stolen goods; or 'women with learning disabilities being pimped (sent to work as a prostitute) by their ''boyfriends''' (Landman 2014)" (Reid 2018 p110). A "street slang" term of "cuckooing" describes an exploitative individual

moving into the house of an individual with LDs under the guise of helping, "but, in reality, they take advantage of the relationship to get access to food, clothes, and drugs, or to manipulate individuals to involve and exploit them in criminal activities including sex crimes and prostitution" (Jones 2017 p110).

Reid (2018) compared the case files of 54 girls with LDs and 39 without LDs who had been exploited in sexual trafficking prior to eighteen years old in Florida, USA. Common factors between the two groups included running away from home, teenage drug and/or alcohol use, witnessing domestic violence, CSA, and received child protection services.

Specific to the LD cases was heightened vulnerability: "Getting into cars of strangers or being picked up at bus stops was mentioned numerous times within the case file descriptions of the circumstances surrounding trafficking incidences ('... picked up from a bus stop, beaten, driven to downtown area and forced to have sex with men for money... disclosed CSEC... when found in the streets with little clothing'; 'client has been known to jump into cars with strangers')" (Reid 2018 p118).

The traffickers were usually described as taking care of the girls - eg: as "boyfriend". "The description of traffickers as boyfriends may be reflective of a lack of understanding of sexual relationships or exploitation by traffickers and buyers of sex ('client does not understand the difference between ''john'' and ''boyfriend'' relationship... case manager did clarify multiple times during assessment'; 'looking for friends and mistakes sex for attention')" (Reid 2018 p119). This links to the idea of "mate crime".

3.8. NON-OFFENDING PARENT/CAREGIVER

In a family with child maltreatment (or trauma), a non-offending parent/caregiver can modulate the negative effects of the maltreatment for the child. For example, maternal support after child sexual abuse is associated with less distress for the child, but parental rejection is detrimental, and "withdrawn, overprotective, and frightening parental responses can also exacerbate child symptoms" (Cummings 2018 p118).

The non-offending parent, however, may change their parenting behaviours after the child trauma because of negative emotions like guilt or anger, or becoming more protective, for instance (Cummings 2018). For example, after the Beslan school siege in Russia in 2004 (appendix 3C), many parents experienced difficulty in imposing rules and discipline (Moscardino et al 2007).

While Bux et al (2015) elicited five themes about

non-offending parental experiences following disclosure of child sexual abuse - distress, concern for the child, alienation from community and family, coping styles, and grief.

Cummings (2018) interviewed fifteen parents of child victims of trauma in Canada to see how parenting strategies changed after the event. A number of stages were elicited from the transcripts, including:

a) "Violated expectations" - "Upon disclosure, parents' beliefs and expectations about the world, themselves, and often their relationships with others are deeply challenged, contradicted, or shattered" (Cummings 2018 p120).

b) "Going into protective mode" - eg: "doing what needs to be done" to aid the child's trauma recovery.

c) "Making it better" - Finding the appropriate actions to heal the child. One interviewee said: "I attempt to try and read all I can about other people, how they've dealt with it... trying to come up with how [I should] deal with this" (p122).

This could include "padding the child": “... it wasn't right, but I would just give in to everything. Because he was so upset all of the time, that you just want to make him happy... it was almost getting to the − the spoiled kind of phase where I was giving him everything... like, when he's going through his moods you don't want to give him trouble for stuff he's done" (p122).

d) "Reaching the tipping point" - Signs that the child was healing, which led to the next two stages, but this was not always the case.

e) "Regaining stability" - "Attention widens to include life beyond trauma" (Cummings 2018 p123).

f) "Experiencing thriving recovery".

For those families that did not experience thriving recovery, they became stuck at one of the earlier stages. For example, some parents could not find the appropriate actions to make it better, or "additional negative events occurred that exacerbated the strain on the family or presented additional sources of adversity that undermined the parent's ability to cope and maintain their protective stance. For example, one adolescent victim experienced an unplanned pregnancy. In another family, the child's trauma prompted the parent to begin drinking heavily" (Cummings 2018 p123).

Post-CSA maternal support can be measured by the Maternal Self-Report Support Questionnaire (MSSQ) (Smith et al 2010). "The MSSQ is the only published measure of parental support to date with adequate psychometric properties, including being developed using a theoretically driven factor analysis and satisfactory indices of internal consistency and convergent validity" (Wamser-Nanney 2018 p373).

How does the MSSQ score relate to the child's reports of the post-CSA symptoms, like PTSD? Wamser-Nanney (2018) answered this question with data from 165 6-17 year-olds and their non-offending mothers seeking treatment at a US Child Advisory Centre.

The findings were the opposite to expected. Maternal support (as measured by the MSSQ) was unrelated or negatively related to the child's reported symptoms. Wamser-Nanney (2018) summed up: "Levels of maternal emotional support corresponded with few of children's outcomes, and when relationships were observed, emotional support was related to higher levels of symptoms. Maternal levels of blame and doubt were only associated with dissociative symptoms. Maternal support therefore appears to be an ineffective predictor of children's post-disclosure trajectories and raises the possibility that maternal support is linked with poorer functioning" (p372).

Wamser-Nanney (2018) made some suggestions to explain the findings:

- They are spurious, or a product of the (treatment-seeking) sample).
- Supportive mothers may encourage children to report symptoms.
- Children reporting symptoms may elicit more support from mothers.
- Maternal support may be a construct with more than one dimension, and is also difficult to operationalise.
- The MSSQ may have been completed with socially desirable answers.
- There are issues with the validity of the MSSQ.

3.8.1. Non-Offending Parent of Offenders

What about the non-offending parents of youth sexual offenders? Caregivers often face adverse consequences for the actions of the offender including "but not limited to

anger, isolation, distress, disbelief, shame, judgment, concern, and a sense of responsibility" (Gervais and Romano 2018 p503).

In a US study of four such caregivers, for instance, Jones (2015) found that responsibility for preventing re-offending was a key concern.

Other studies also highlight the feelings of responsibility for caregivers. For example, Thornton et al (2008), in Australia (with 38 caregivers), found that "themes related to responsibility emerged in that most caregivers expressed the importance of securing support not only for their offending child but also for the victim and other affected family members" (Gervais and Romano 2018 p503). However, in a UK study of case notes of 117 offenders, Hackett et al (2014) found that around one-quarter of caregivers had difficulty accepting the seriousness of their child's behaviour.

In Ontario, Canada, Gervais and Romano (2018) interviewed sixteen caregivers from ten families of male sexual offenders (aged 10-15 years old). A number of themes emerged from the interviews.

i) Response to discovery of child's behaviour - Parents reported "being 'in shock' and in a 'zombie state' (Mother 6), as well as 'angry' (Father 6). Other parents recounted being 'appalled' (Mother 3), 'sad' (Mother 4), and 'afraid' (Mother 7). All the parents variously reported feeling stunned by their child's offending behaviour. For example, the caregivers of a 15 year old boy who coerced his 5 year old female cousin to perform oral sex on him twice explained their disbelief: 'You would never expect [our son's name] and that [sexual offending] to be mentioned in the same thing [sentence]' (Father 8) and 'Especially when it's family... especially for a kid... everyone talks about [him being] good... he's so respectful and polite and then he does something like this, it just... hurts your heart' (Mother 8)" (Gervais and Romano 2018 p506).

ii) Response towards the victim - All but one family felt "unquestioningly responsible toward the victim" (Gervais and Romano 2018 p506) [15]. For example, "Mother 4" said: "I lost it, like huge... how could [my son] have done it?... Like I couldn't speak for the first little while... my initial [reaction] was the child, the victim. It wasn't even anger towards my son, it was 'Oh my God the poor kid, the poor kid'... I worry about him" (p507).

[15] Concerning the one exception, Gervais and Romano (2018) stated: "While they were indeed concerned for the victims, they also claimed that their 15 year old son was innocent of ill-intent given his various developmental challenges and they thus considered their son to have also been 'the victim' in a game of truth or dare in a local park that resulted in the sexual harm of younger children" (p506).

iii) Responsibility towards the offender - Self-blame was common: eg: "Mother 1": "At the time he was not on his attention deficit medication... I had chosen to take him off a few months prior to that [due to the negative side effects]... and... I feel like if I wouldn't have, this never would have happened" (p509).

Concern for their son's well-being was summed by "Mother 4": "Initially I was sad for the victim, and then I was sad for [my son], that now he has to go through all of that. How's he gonna cope with it?... I was scared obviously when the suicide [thoughts] started" (p510).

iv) Balancing the needs of the victim and offender, all children within the family, and the immediate and extended families.

"Mother 6" described the struggle after her son inappropriately touched his sister: "I thought to myself, it was like being on a cliff and having to hang on to both of them; they're on the edge and I am losing grip of both of them and I can only save one. Who do I choose? That's what it felt like and in the end, I had to realise that I wasn't losing [my son] but that I was helping him as well... But that instant when I called the [X] centre, knowing that there is a very good possibility that the police are going to be at my door, taking him (son) away... But knowing that I had to do the right thing... for my daughter, and knowing that, in the end, that he, he needed help, and that that was something that I could not do, and not just about being an obligation with the law and everything else with reporting it, but knowing that this is way beyond me and that he obviously needs help" (p511).

Gervais and Romano (2018) summed up: "our findings illustrate the profound challenges that caregivers face when they must be attentive to the well-being of their sexual offending child as well as to the well-being of victims and all other children potentially affected by such difficult circumstances. These challenges were understandably complicated by the range of conflicted emotions felt by caregivers in coping with their child's sexual offence (eg: disbelief, guilt, concern). While these emotions have previously been identified in past research findings..., what emerged as an extraordinary finding was the manner in which these strong emotional reactions often propelled caregivers to take action in safeguarding the best interests of all children" (p512).

3.9. MISCELLANEOUS

For children who have experienced CSA and are involved in giving evidence in court, therapy is often delayed until after the criminal procedure for far that

the children's testimony may be "contaminated". "Researchers from Australia, the UK and South Africa reported that the legal professionals in their studies strongly argue that a suspicion reigns that therapists may coach children on what to say... Furthermore, opportunities for rumination may lower the child's distress and therefore the visible signs of the trauma. Globally, researchers reported that the outward appearance of the child witness may influence the judgment in CSA cases" (Fouche and le Roux 2018 pp25-26).

Fouche and le Roux (2018) found fears of contamination in their focus groups and individual interviews with eighteen social workers who provided services to victims of CSA in Gauteng, South Africa. "The participants were of the opinion that legal professionals often claim that pre-trial therapy is a major source of contamination of the evidence of a child witness, which could affect the credibility of the child witness and the outcome of the case. Some participants indicated that there is a lack of clarity on how therapeutic practices could lead to contamination, while others were of opinion that there could be many other sources of contamination of the evidence of a child witness, other than pre-trial therapy" (Fouche and le Roux 2018 p28).

Herbert et al (2018) outlined the role of Child Advocacy Centres (CACs) in the USA as a multi-disciplinary response to CSA, which "emphasises community based collaboration between workers across agencies, child friendly practices, along with child and family advocacy to enhance the investigation, treatment, management, and prosecution of child sexual abuse" (p583). The first CAC was established in 1985, and nearly 800 now exist (Herbert et al 2018).

3.10. APPENDIX 3A - SELF-COMPASSION

Self-compassion has been considered as a treatment for PTSD. It involves "relating to one's suffering with a loving-kind, non-judgmental attitude from the perspective that suffering is part of the larger human experience" (Boykin et al 2018 p217).

But survivors of child maltreatment may struggle with self-compassion because they have developed "internal working models of themselves as undeserving of love, concerns of inevitable rejection from others, and beliefs that compassion is indicative of weakness. Therefore, receiving compassion from oneself or others triggers a threat/fear response that these victims have a limited capacity to regulate" (Boykin et al 2018 p217). This is fear of self-compassion (FOSC) rather than lack of it, and it may be exacerbated by psychological inflexibility (PI) (ie: "individuals who limit their

engagement in value-based actions due to rigid rule following and attempts to avoid, control, or suppress difficult private experiences, such as thoughts, feelings, memories, or bodily sensations"; Boykin et al 2018 p217).

Boykin et al (2018) explored these factors in a sample of around 300 female US psychology students. Questionnaires were completed on childhood trauma, and PTSD, and the fears of compassion scale (Gilbert et al 2011) with eighteen items like "I feel that I don't deserve to be kind and forgiving to myself". PI was measured by the acceptance and action questionnaire (AAQ-II) (Bond et al 2011), which has items like "I worry about not being able to control my worries and feelings".

Around 40% of the sample had a history of moderate to severe child maltreatment, and these individuals were compared to the rest of the sample. They had significantly higher levels of FOSC, AAQ-II scores, and PTSD symptom severity.

Child maltreatment was found to be directly related to PTSD in further analysis, and indirectly related via FOSC or PI.

Previous research had found that child maltreatment was indirectly related to PTSD via FOSC and PI (eg: Miron et al 2015 - mixed-gender trauma survivors). Boykin et al (2018) believed that the differences in samples accounted for the contradictory findings.

3.11. APPENDIX 3B - "MATE CRIME"

Landman (2014) proposed this definition of "mate crime" (MC): It "happens when someone 'makes friends' with a person and goes on to abuse or exploit that relationship. The founding intention of the relationship, from the point of view of the perpetrator, is likely to be criminal, but not necessarily so. The relationship is likely to be of some duration and, if unchecked, may lead to a pattern of repeat and worsening abuse" (p364) [16].

Landman (2014) reporting on the "Safety Net" project, which looked at MC among individuals with learning disabilities (or intellectual disabilities), noted the following features:

- MC unlikely to be reported to authorities/anybody.
- Appears to consensual.

[16] Doherty (2015) noted that the precise provenance of the term is unclear.

- Happens in private.
- Not seen as "hate crime" because no obvious hate involved.
- "Invisible perpetrators" (known, trusted people for the victim).
- "Positive pay-off" for victim (eg: companionship).
- Long-term, and "potentially invisible as it has become part of the background noise of the victim's perceived life" (Landman 2014 p361).

Landman (2014) noted: "'Mate crime' is not new, and may have affected us all. We've probably all been conned through flattery or taken advantage of by a friend at least once in our lives. However, people with learning disabilities are in particularly vulnerable situations, especially in an age of increasing social presence and independence, and the withdrawal of services under budgetary pressures" (p364).

The concept of MC is not without its critics. For example, Hollomotz (2013) suggested that "the term itself may be used, intentionally or unintentionally, to emphasise the different social status of disabled people who are victims of crime" (Doherty 2015 p302). However, Brookes (2013) saw this as an advantage in showing how disability hate crime is different to other hate crimes (Doherty 2015).

Referring to cases involving individuals with disabilities generally, Thomas (2011) described MC thus - "the hostile acts of perpetrators who are 'insiders', sharing domesticity to some degree, there is a mutual relationship. The disabled person may cling to the relationship, wanting the hostility to stop but welcoming the company and feeling part of a family or group. These situations are not opportunistic, they are calculated. Disabled people in these situations are less likely to complain to the police or other authorities because they consider the perpetrators to be their friends, they may justify the violence" (p108).

As opposed to "hate crime" - "violent attacks that are perpetrated by 'outsiders', not a part of the disabled persons household, or outsiders may enter the home purely to carry out the attack. There is little or no relationship between the perpetrators and the disabled person, they may be recognised as living in the area, but there is no reciprocal arrangement or inter-dependency. The disabled person does not welcome any part of any relationship there may be. These may be opportunistic attacks, or may be long term, repeated, sustained

attacks" (Thomas 2011 p108) [17].

The "Disability Now" website, which collects data on "disability 'hate crime'", includes MC in that category.

Thomas (2011) preferred to see MC as similar to domestic violence. Hague et al (2008) commented on their interviews with disabled women who had experienced domestic violence: "The women's narratives extensively illustrate intense and painful vulnerability to, and dependence on, their abusers for everyday tasks. They also emphasised their isolation, inability to leave their abusers (due in part to the limited availability of support services), and also their lack of educational or employment opportunities" (quoted in Thomas 2011).

Based on interviews with fifteen women with learning disabilities in Southern England who had experienced domestic violence (reported in McCarthy et al 2017), McCarthy (2017) was "struck by many similarities in the experiences of women with intellectual disabilities who were on the receiving end of violence and abuse from intimate partners and the experiences of the many people with intellectual disabilities who have experienced either hate crime or 'mate' crime" (p596). But, she pointed out, the response of professionals varied.

For example: "A woman with intellectual disabilities is living in her own home and a man moves in next door and starts to harass and abuse her, verbally, physically and sexually. An acceptable professional and societal response to that woman is not to say 'it's your choice to stay in this situation or move out if you don't like it'. That would not be reasonable. We would expect the State, in the form of the police, perhaps social care providers and social housing providers, to take action on behalf of the woman and do all they can to stop the man's behaviour, including, if necessary, permanently removing him from his home... But consider if that man did not move in next door to the woman, but rather moved in with her in her home, and carried out exactly the same kinds of abuse – it is now seen and treated differently. The woman is expected to sort it out. She can certainly attempt to use the criminal justice system, with all the inherent difficulties associated with that..., but in many cases she is left with the stark choice of staying and putting up with it or escaping by leaving her own home" (McCarthy 2017 p596).

Autonomy is presented as a key difference in these two cases, mostly in terms of the choice of partner (but obviously not in who is a neighbour). But McCarthy's

[17] The UK Home Office defines "hate crime" as "any criminal offence that is motivated by hostility or prejudice based upon the victim's disability, race, religion or belief, sexual orientation, transgender" (quoted in Landman 2014).

(2017) interviews showed that the perpetrators (usually non-learning disabled men) who became partners quickly removed the women's autonomy. Co-habitation occurred very swiftly after the start of the relationship, due to an unplanned pregnancy or the men claiming to be homeless, for instance. "Once the men had moved into the women's homes (and in our research it was usually this way round), they started very quickly to use domination and control. This meant the women's homes were no longer their own" (McCarthy 2017 p597). This is similar to "cuckooing" in MC.

McCarthy (2017) named a similarity between domestic violence and disability hate crime - "namely a bravado, an openness about what they do, seeming to feel they are untouchable and immune from repercussions for their actions... In our study, many people knew the women with intellectual disabilities were experiencing domestic violence – police, doctors, nurses, health visitors, social workers and support workers, as well as the women's family and friends. Yet arrests were uncommon; charges, prosecutions and convictions even more so. It is no wonder that the perpetrators felt immune from repercussions – effectively they were" (pp598-599).

3.12. APPENDIX 3C - TRAUMATIC EVENTS

A three-day siege involving over 1300 children and adults as hostages at School no.1 in Beslan (North Ossetia, Russia) in September 2004 ended violently with the death of 329 people (186 of them children). Moscardino et al (2010) interviewed 171 14-17 year-olds at School no.1 eighteen months after the event, of which 71 had been held hostage (direct exposure group). The others, the indirect exposure group, were pupils absent or late on the day the siege began (and thus not hostages). Various questionnaires were completed about mental health, and social support.

There was no significant difference between the two groups on depressive symptoms. Social support and community connectedness played a protective role in depression, but there were gender differences. For example, "girls reported significantly more depressive symptoms and perceived less support from family and friends compared to boys" (Moscardino et al 2010 p31).

Strom et al (2016) studied 490 survivors of a shooting on the small island of Utoya, near Oslo, Norway, on July 22nd 2011. They were sent a postal invitation five months after the event, and 325 agreed to participate.

Questions were asked about subjective academic performance before and after the event, and objective

data on it were also collected.

Sufficient data were available on sixty-four individuals born in 1994 (ie: 16-18 years old around the time of the shooting). Objective academic performance was significantly poorer in the two years after the event compared to the one year before, and 75% rated their subjective academic performance as worse after the event. School absence increased after the event.

Strom et al (2016) summed up: "As expected, our results showed that trauma-exposed students performed worse academically the year after experiencing the terrorist attack. They also had lower grades than the national grade point average. These results can be seen in light of what the students experienced. The majority of the students felt that their lives were in danger, many witnessed people dying, and as many as 75% of the respondents reported that they had lost someone close to them" (p6).

3.12.1. School Violence

Social support also mediates the relationship between violence at school and mental health. Duru and Balkis (2018) analysed data from 1420 adolescents in Denizli, Turkey. Violence at school was measured by items like, "How often have you been kicked or slapped by other students at school?", and social support by items like, "I have friends that I can share my joys and sorrows". The mental health measure included depression and anxiety.

Generally, violence experienced at school was associated with depression and anxiety. But high general social support (ie: friends, parents and teachers) reduced depression and anxiety scores for those individuals experiencing violence at school, especially for girls. Family and teacher support were stronger mediators for girls than boys. Friend support was beneficial to both boys and girls, particularly in the absence of social support from family.

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4. PHYSICAL ABUSE AND VIOLENCE

4.1. INTERNATIONAL RESEARCH

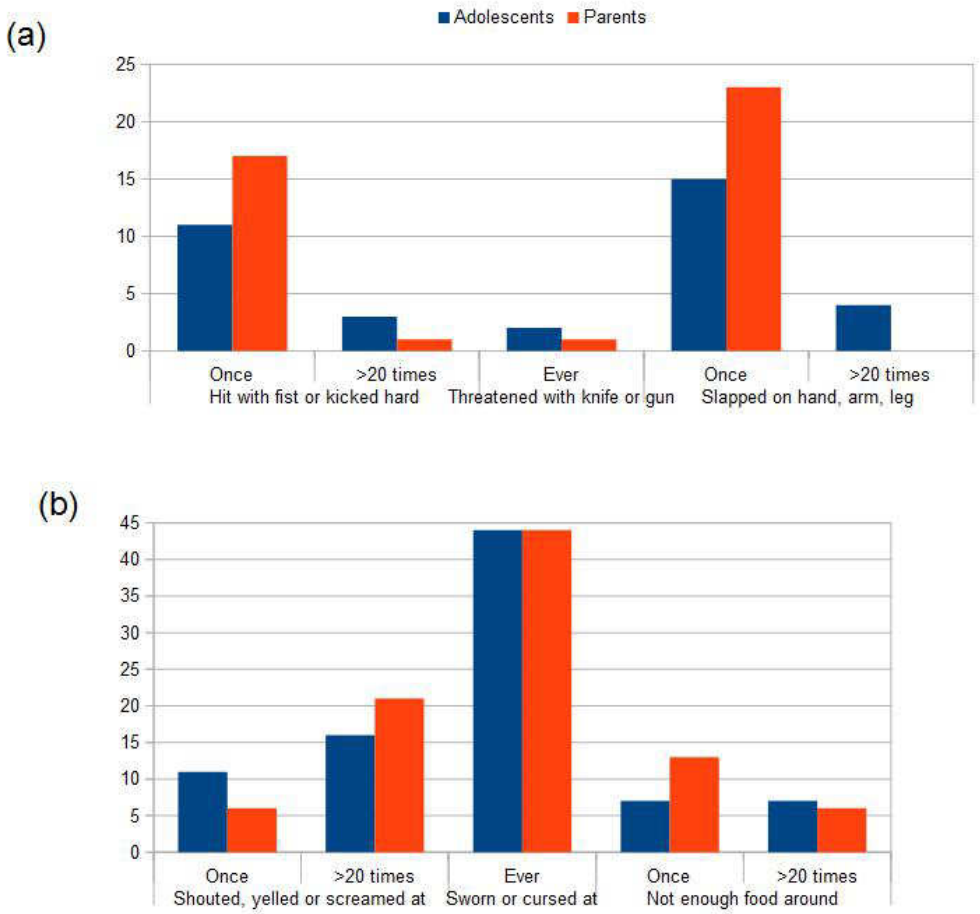
Tanzania

Nkuba et al (2018) reported a survey on family violence and maltreatment in Tanzania in 2015. Seven hundred 14-18 year-olds and 333 of their parents in six regions of the country completed the questionnaire, which included Swahili versions of standardised questions (eg: from Conflict Tactics Scale-Parent-Child version).

Only 2% of the adolescents reported no maltreatment in their families in the previous year, while physical violence (eg: "hit you on the bottom with a belt, a wooden spoon, a stick or some other hard object"), emotional violence (eg: "shouted, yelled or screamed at you"), and neglect (eg: lack of food) were common. Around 1% of the parents or guardians reported no violence or maltreatment towards their children in the last year (figure 4.1).

Maltreatment was associated with parental stress, and stress was associated with being a female parent, increased number of children and people in the household, and lower and unpredictable income.

Nkuba et al (2018) explained the high level of maltreatment thus: "Frequently reported reasons by parents and guardians were that violent forms of behavioural management approaches helped parents to save time and to immediately stop misbehaviour or that it is impossible to teach children good behaviour without a stick. However, it is important to note that violent discipline may occur for a variety of reasons and parents or guardians often do not intend to endanger the children but may be not aware of the potential negative consequences of their behaviour. Tanzanian parents or guardians often believe that they act in the interest of the child, teach them an important lesson or help them to know what is right or wrong. Furthermore, they often lack non-violent skills in managing children's misbehaviour... On the other hand, it should be noted that the use of harsh punishment and violence is regarded not only as helpful but necessary to control behaviour of children in



(Data from Nkuba et al 2018 table 1 p115 and table 2 p116)

Figure 4.1 - Percentage of responses by adolescents and their parents to selected items about maltreatment - (a) physical violence; (b) emotional violence and neglect.

different settings such as in families and schools" (p115).

In terms of the methodology of this study, the main strengths was the large, nationwide representative sample of adolescents and their parents. But this covered only school attendees, and neglect is associated with school drop-out. Also less than half of the parents agreed to participate.

The study was designed by local researchers using the local language, and covered different types of maltreatment. However, the study depended on the honesty of the replies about maltreatment, and it was a cross-sectional study which meant that causality could not be established.

Hecker et al (2018) found an association between

teachers' perceived stress and their use of "violent discipline" (defined as "an act of physical or psychological force including corporal punishment and other forms of physical or emotional maltreatment intended to cause corporal or emotional pain for purposes of correction or control of the child's behaviour"; Hecker et al 2018 p173). Two hundred and twenty-two secondary school teachers in Tanzania were surveyed about their stress, attitudes to the job, and the use of violent disciplining.

All but one teacher admitted to use of emotional or physical violence against a pupil at least once in the past year. For physical violence, the mean was 20 uses in the last year (and the maximum 136). The most frequent form was hitting the bottom with an object. The mean for emotional violence was twenty-two (with a maximum of 125), and the most common form was shouting at a pupil.

Perceived stress was related to the use of violent discipline, especially for physical violence. All the measures were self-reported by teachers, who volunteered to participate in the study (response 62%). The researchers admitted that the "rather low response rate does not completely rule out a potential selection bias, eg: it may be possible that those teachers with the highest stress levels did not participate in the study" (Hecker et al 2018 p181).

China

In a survey of parental disciplinary techniques in China, Wang and Liu (2014) found that over three-quarters of parents of 3-6 year-olds used psychological aggression (PA) [18], and half corporal punishment (CP) [19], while 15% admitted to physical maltreatment (PM) [20].

"The above-mentioned disciplinary methods may have short-term advantages in decreasing the rates of misbehaviour, but in the long term, it appears to exert more negative effects than positive effects on children" (Cheng et al 2018 p58). For example, Wang and Liu (2018) found more externalising behaviours (eg: aggression) after harsh parental discipline in a five-year longitudinal study of 6-9 year-olds in China.

In terms of the use of harsh/physical discipline, parents' negative emotional expression (NEE) (eg: anger,

[18] PA is "verbal and symbolic acts by the parents intended to cause the child psychological pain (eg: angry shouting, cursing or screaming" (Cheng et al 2018).

[19] CP is "the use of physical assault, such as slapping and other forms of punishment to cause pain but not injury (eg: spanking the child on the bottom with a bare hand)" (Cheng et al 2018).

[20] PM is "the use of extremely violent disciplinary methods that often cause extremely serious physical and psychological harm to the child, eg: shaking the child or hitting the child with a fist)" (Cheng et al 2018).

sadness, disappointment) play a role, as well as educational attainment (EA).

Cheng et al (2018) investigated maternal NEE and EA, and PA, CP and PM in a sample of 600 mothers of 3-5 year-olds in five kindergartens in Beijing, China. Maternal NEE was measured by a version of the Self Expressiveness in the Family Questionnaire (SEFQ) (Halberstadt et al 1995), which includes forty items (eg: "expressing anger at family members' carelessness") rated 1 (never) to 9 (frequently).

Maternal discipline was measured by a version of the Parent-Child Conflict Tactics Scale (CTSPC) (Straus et al 1998). This has 22 items on discipline types, which are scored 0 (never) to 6 (very frequently).

Maternal EA was negatively correlated with discipline (the use of PA, CP and PM) (ie: higher educated mothers were less likely to use these techniques), while maternal NEE was positively correlated with discipline (ie: higher negative emotions and use of these techniques). Putting them together, maternal EA moderated the use of discipline by NEE. "Specifically, less-educated mothers were more likely to use PA, CP and PM when expressing negative emotions than more-educated mothers" (Cheng et al 2018 p64).

The researchers offered two possible explanations for this finding:

a) Lower education is associated with more authoritarian parenting.

b) Lower educated mothers experience more stress and this leads to the use of harsh discipline.

The data were self-reported by volunteers.

CP may be part of the intergenerational transmission of parenting, which is "the process by which, purposively or unintentionally, an earlier generation psychologically influences the parenting attitudes and behaviours of the next generation" (Wang et al 2018 p35). Wang et al (2018) investigated the intergenerational transmission of CP in China with 810 fathers and 866 mothers of primary school-age children in Jinan, Shandong Province. Questionnaires (eg: CTSPC) were completed on attitudes and use of CP, and their experiences of CP as a child.

Around half the parents admitted to use of CP in the last six months. These individuals were significantly more likely to have experienced CP themselves. To sum up: "those individuals who experienced corporal punishment during childhood held more favourable attitudes toward corporal punishment, and those favourable attitudes then, in turn resulted in the parents being more likely to engage in such discipline toward their own children" (Wang et al 2018 pp39-40) (table 4.1).

Mother	Father
+0.43	+0.36

Table 4.1 - Pearson product moment correlations for "CP experiences" and "current use of CP" ($p<0.001$).

Wang et al (2018) stated: "Unwillingly and unknowingly, when parents use harsh discipline to punish their children, they are involved in a complex social learning process with long-term effects on their children" (p35).

The data were self-reports of the use of CP, and recall of having received it. Other sources of data would be useful (eg: child's report).

Afghanistan

Violence against children (VAC) includes child marriage, child labour, physical assault, and corporal punishment according to UNICEF (O'Leary et al 2018). "In countries where there is significant socio-economic disadvantage and trauma from humanitarian disasters and armed conflict, the occurrence of VAC is likely to be higher and more entrenched. VAC remains largely hidden because it often occurs within the confines of the home" (O'Leary et al 2018 pp95-96).

Data on VAC in Afghanistan has been limited because of the unstable security and political situation in recent years. O'Leary et al (2018) reported a cross-sectional survey in three areas of the country involving 145 12-18 year-olds and 104 of their parents. The participants were recruited via local child protection centres, but were not receiving services from them.

Around three-quarters of the teenagers reported physical violence experienced in the last year [21], while the "overwhelming majority" of parents admitted using physical punishment. Around 90% of the teenagers were working (ie: not attending school) [22].

O'Leary et al (2018) commented: "Most children reported that they were not forced to work (79.1%) but this needs to be contextualised in light of their qualitative responses, which suggested that threats were sometimes present in their decision to work, despite their answer that they were not forced. More pertinently, children often mentioned feeling obliged to work as sense

[21] This was different to 20% in a school-based Kabul sample (Cantini et al 2009).

[22] This compares to half of boys and over one-quarter of girls in Cantini et al's (2009) study. "School samples are likely to report a lower rate of child labour due to the fact the children at least attend school and may or may not work as well" (O'Leary et al 2018 p103).

of duty to their family. In some cases this came from a fear from direct or implied threats of violent repercussions. This occurs in a context where child labour is seen as a necessary action due to poverty and attitudes towards children. Family basic needs of food, water and shelter are considered more important than the issue of child labour or school attendance" (pp103-104).

In terms of the methodology of O'Leary et al (2018), the issues included:

- A community sample (as opposed to school-based), and it included both parents and their children (which was not the case in previous studies) (O'Leary et al 2018).

- The response rate was not known as local focus groups identified networks for recruiting participants for the survey.

- "Gender representation of participants was not balanced for children in this study. This is in most part due to the difficulty of ethically contacting girls and women in larger numbers in the Afghan context. However women and girls face particular challenges in Afghanistan with issues such as early marriage and child baring and warrant further inquiry. Poverty may also further exacerbate the situation for girls" (O'Leary et al 2018 p104).

- "The survey was administered face-to-face and anonymity could not be guaranteed. This along with potential stigma and shame may have resulted in under-reporting. There were risks in bias due to the ethical and cultural need to seek parental consent for child participation. This may have resulted in under reporting of violence, however, reporting rates of violence were substantial and bias may also be offset by common community perceptions that most parental violence was an obligation to discipline" (O'Leary et al 2018 p104).

Nepal

In Nepal the government collects data on child protection, health and development (Nepal Multiple Indicator Cluster Survey; NMICS). Atteraya et al (2018) reported the data on child maltreatment from the 2014 NMICS, which covered over 12 400 households throught the country.

Three aspects of maltreatment were measured:

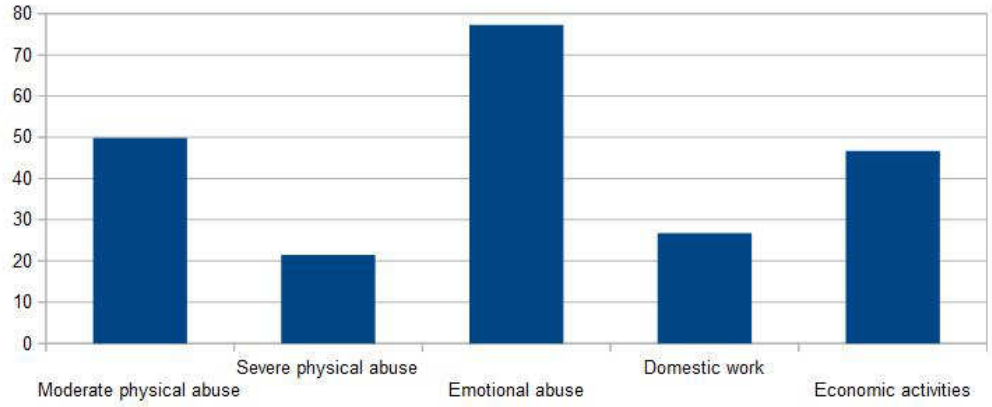
a) Physical abuse - moderate or severe. Severe was defined as "hit or slapped child on the face, head or

ears", "hit child with object like belt, brush, stick, etc", or "beat child as hard as one could". Moderate abuse included shook, spanked or slapped.

Around half of children (up to 14 years old) had experienced moderate abuse and one-fifth severe physical abuse in the last month.

b) Emotional abuse - Defined as "shouted, yelled or screamed at child", or "called child dumb, lazy or another name", and experienced by 70% of children.

c) Child labour - Domestic work or economic activities - over one-quarter and around one-half of 5-17 year-olds respectively (figure 4.2).

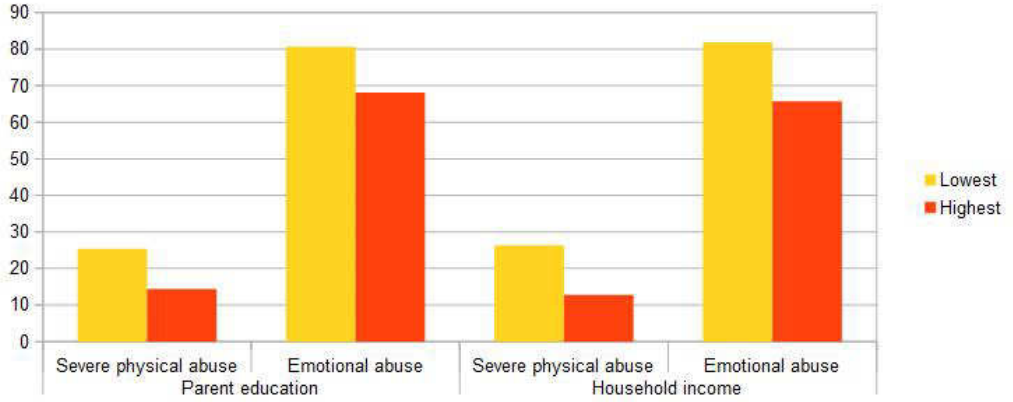


(Data from Atteraya et al 2018 table 1 p403)

Figure 4.2 - Percentage of child experiencing different types of maltreatment as parent-reported.

Educational level of parents was important. Higher education was associated with lower likelihood of maltreatment. Likewise, household income (figure 4.3).

The measures were parent-reported, and there may have been a "social desirability effect and the possibility of under-reporting child maltreatment because some forms of physical abuse (such as spanking) are common and generally accepted cultural practices in Nepal. Therefore, child experiencing physical abuse (both moderate and severe) could be much higher than what was reported" (Atteraya et al 2018).



(Data from Atteraya et al 2018 table 2 p404)

Figure 4.3 - Percentage of child experiencing two forms of maltreatment based on parental education level and household income.

Colombia

In a study in Colombia, Cuartas (2018) found that corporal punishment in the family was more likely in neighbourhoods with serious crime.

Two explanations are possible for such findings - firstly, neighbourhood crime is stressful to parents, and such parents "experiencing high levels of distress may be less sensitive and self-controlled in their responses to children, and child misbehavior may be especially difficult for them to handle..., increasing the likelihood that they rely on physical methods to correct children behaviour" (Cuartas 2018 p389).

"Second, neighbourhood crime and violence may alter communities' social norms, support and justification for particular violent behaviours, and definitions of discipline and maltreatment; eventually these effects may induce violent behaviours inside households, such as harsher punishment methods" (Cuartas 2018 p389).

Data from a 2010 household survey were used for discipline in the family, and National Police Department records for local crime. Analysis was made on 1228 households in 392 neighbourhoods. A homicide within 500 metres of the household significantly predicted hitting the child under five years old with an object in the family, for example. The study suggested that "household boundaries are permeable, and community violence and instability reach inside their walls, affecting children's development and well-being" (Cuartas 2018 p396).

Cuartas et al (2019) explored the role of multiple

environmental stressors, including poverty, crime, and civil conflict, on the use of corporal punishment in Colombia. The bio-ecological systems theory predicts that "exposure to psychosocial stressors such as poverty and violence in the community and family may compromise parental capabilities to engage in positive behaviours with their children, and thus increases the risk that parents rely on authoritarian, harsh parenting strategies" (Cuartas et al 2019 p110).

Data came from a national survey in 2015 of nearly 12000 women with children younger than five years old. Corporal punishment covered fifteen different disciplinary practices (eg: hitting with an object, and spanking being most prevalent). Exposure to violence in the community was measured as number of homicides per 100 000 inhabitants in an area. Other measures included household poverty, maternal exposure to corporal punishment as a child herself, and attitudes towards domestic violence.

Cuartas et al (2019) summed up the findings: "Specifically, mothers' prior exposure to corporal punishment by their own parents significantly increased the likelihood of using corporal punishment with their young children. Attitudes towards domestic violence, homicide rates in one's municipality, and poverty at the family and neighbourhood levels were all significant predictors of mothers' hitting their young children with an object. On the contrary, family and neighbourhood poverty were inversely associated with using spanking as a disciplinary method" (p116). So, a variety of factors influenced maternal use of physical punishment, which fits with the bio-ecological systems theory.

Sri Lanka

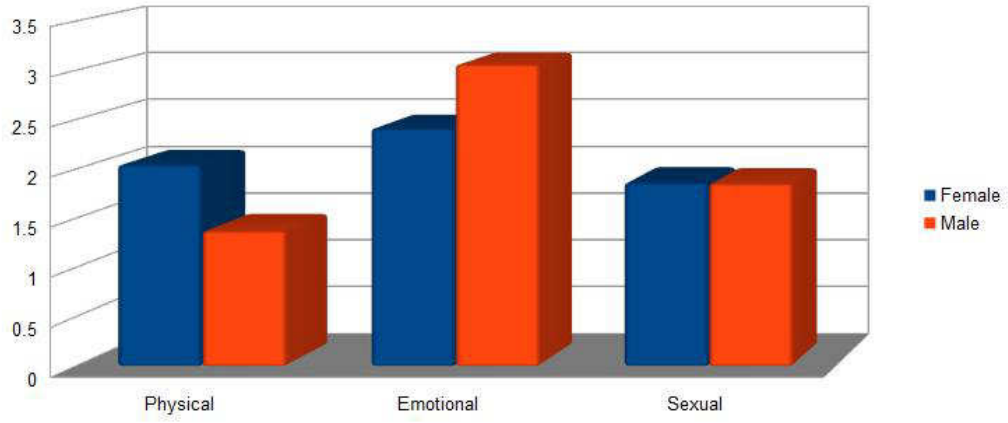
Because of concerns about the high rates of abuse and violence against children in Sri Lanka, the "Be Safe" programme was introduced by the government between 2008 and 2014. It was a school-based programme for 5-9 year-olds on preventing violence and abuse (eg: safety rules like "say 'no'" and tell someone you trust) (Lam et al 2018).

Lam et al (2018) evaluated this programme in 2015 with a survey of 835 parents. The researchers concluded that "most parents agree that the programme increased their child's sense of safety at the school, and agree that their child has someone to talk to regarding rules about physical punishment. Going further, there appears to be plausible correlations between increase in program exposure and increase in parents' perceived child safety in the school, school policies targeting violence prevention, and perceived child safety in the community" (Lam et al 2018 p135).

Haiti

In Haiti, it is estimated that there are up to half a million child domestic servants (known as "restaveks") (Gilbert et al 2018). "Restavèk children typically come from impoverished, often rural, families who wish to offer their child more opportunity and upward mobility. As such the child is placed into a higher-income, generally urban, home of either strangers or kin with the expectation that the host family will provide for the child's basic needs and pay for the child's education in exchange for unpaid labour... Despite the good intent of families to provide more life opportunities for their children, the experience of child domestic servants exists on a continuum. In the best-case scenario, children live with extended family, experience no maltreatment, perform light household chores and are able to attend school, but in the worst-case scenario, conditions may be more consistent with child slavery" (Gilbert et al 2018 p185).

Using data from the Violence Against Children Survey (VACS) 2012, which was a nationally representative survey of around 3000 13-24 year-olds in Haiti, Gilbert et al (2018) found that 17% of females and 12% of males had ever been a restavek before 18 years old. Compared to the rest of the sample, these children were significantly more likely to have experienced physical, emotional or sexual abuse (figure 4.4).



(Data from Gilbert et al 2018 table 3 p190)

Figure 4.4 - Odds ratio of childhood abuse among restaveks (where 1.00 = risk for non-restaveks).

West Africa

Community violence against children with

disabilities, particularly in poorer countries, is seen as a risk. "Every family, community, and nation has a child protection system in place that exhibits the underlying cultural values and diversity of their context. As such, responses to violence against children with disabilities manifest as a combination of cultural norms, behavioural standards, history, resources, and external influences that reflect community choices over time. For example, responses to violence can be influenced by local childhood development norms (eg: 'children learn from the stick')" (Njelesani 2019 p59).

Njelesani (2019) reported a study with 491 individuals in West Africa, who included disability stakeholders (eg: NGOs), community members, and children with disabilities. Most responses to violence against the children were reactive - ie: "sent away for safety".

This can be seen in a quote from a boy with disabilities in Guinea: "I am no longer in school because the other children make fun of me and say I'm a half person. I very much want to go to school, but my friends make fun of me at school. It is this very reason that my dad made me leave school" (p65).

This view was confirmed by a male community leader from the same country: "Disabled children should be separated. The non-disabled ridicule them because they do not know how the disabled became a victim of this (supernatural) spell. If disabled children have a school apart, they cannot be made fun of" (p65).

Some parents felt the negative attitudes of the community [23], and "reported leaving communities with their child in order to protect themselves. In other cases, parents left their child with a disability with another family member, often grandmothers, to avoid harm to the child or themselves. Other participants reported the abandonment or the elimination of children because of the fear of resulting violence from keeping the child in the household: 'We call these children ''snake'' because they lie on the ground. To eliminate (kill) the child, ceremonies are organised at the river, where the child is left to drown and it is said that the snake is gone-preventing the return of the snake in the family' (male local leader, Togo)" (Njelesani 2019 p65).

Furthermore, some parents "mentioned hiding their child with a disability from public view for protection: 'We hide them in homes so that people do not see them' (male parent of a child with a disability, Niger). Other participants recognised the isolation of children in homes does not necessarily lead to decreased violence: 'A child who is hidden has no rights. Most of these rights are violated. He can't even play with his friends' (male local leader, Togo)" (Njelesani 2019 p65).

[23] Goffman (1963) called this "courtesy stigma".

4.2. PHYSICAL ABUSE

The most common form of physical abuse is soft tissue injuries, followed by fractures. National studies in the USA put under one year olds at the highest risk of the latter (Sharkey et al 2018).

"While large database studies are valuable, these analyses do not allow for a detailed examination of individual cases nor is it possible to confirm a diagnosis of abuse" (Sharkey et al 2018 p365). To overcome this problem, Sharkey et al (2018) used thirty years of data from one US hospital on individual fracture patients below three years old. The data were divided into four time periods for comparison - 1979-83, 1991-4, 1999-2002, and 2007-10.

The incidence of abusive fractures was "remarkably constant" over the study period (after an initial decline) (2-6 per 10 000 hospital visits). A seven-point rating scale was used by six medically-trained researchers to score the likelihood of abuse (1, 2, 3 = definite, likely or questionable abuse; 4 = mechanism of injury could not be determined; 5, 6, 7 = questionable, likely or definite accident).

For example, for the period 2007-10, 5.6% of fractures were scored as abuse, 93.1% as accidents, and the remainder as undetermined.

Rib fractures were the most common bone fractured due to abuse.

In terms of limitations with the study, the authors pointed out that "since this was a retrospective study, the accuracy of the data relies on the accuracy of the original medical documentation. Abuse determinations by all 6 physicians were done in a retrospective manner so the child could not be examined directly nor could the family be interviewed. This retrospective review, alternatively, could actually be somewhat protective against biased clinical assessments as the reviewers were likely less influenced by racial or socio-economic factors" (Sharkey et al 2018 p369).

Mothers and fathers have different roles in the upbringing of their children. "Quantitatively, mothers generally spend more time with children and are, therefore, more likely to engage in conflicts with children... Qualitatively, mothering is usually regarded as authoritative, warm, and caring, whereas fathering is more authoritarian, demanding, and less responsive" (Cui et al 2018 p525). What is the relationship between each parent's role/parenting style, physical abuse, and children's problems?

Cui et al (2018) attempted to answer this question with data from the China Jintan Child Cohort Study, concentrating on 296 children. Around 30% of them

reported physical abuse (eg: hit with a fist or kicked hard) by their mothers, and a similar number by their fathers in the past year.

Physically abused children, regardless of the abuser, showed more externalising behaviours (eg: aggression) than non-abused children, while those abused by the mother also showed more internalising behaviours (eg: anxiety).

So, maternal abuse produced both aggression and anxiety problems. This may be because "children expect their mother to be protective and warm. Hence, maternal physical abuse may be regarded as rejection and denial, and hence, increases children's vulnerability to behavioural problems" (Cui et al 2018 p530).

4.3. NEIGHBOURHOOD DISORGANISATION

Neighbourhood disadvantage interacts with harsh and punitive parenting practices to produce adverse child outcomes (Ma et al 2018). But "a recurrent debate is the extent to which such associations are potentially attributable to unobserved confounding variables, which account for the selection of families into particular neighbourhoods and potentially predict both neighbourhood characteristics and parenting behaviours" (Ma et al 2018 p106). Put simply, parents who engage in harsh parenting are more likely to live in such neighbourhoods by "choice" or no viable alternative.

"Variables such as unobserved aspects of a family's socio-economic status (eg: earnings and income from relatives, inheritances and other financial capital from family, or unmeasured aspects of a family's earning potential that are not usually assessed in surveys) may predict the selection of families into neighbourhoods, as well as subsequent child behaviours... Another potential omitted variable is that of genetic predisposition, in that observed neighbourhood effects on child outcomes are possibly attributable to a genetic heritage shared by parents and their child... Thus, unobserved confounding factors might plausibly be associated with both neighbourhood conditions as well as the behavioural outcomes of children" (Ma et al 2018 p107).

Attempting to overcome such problems, Ma et al (2018) concentrated on the relationship between neighbourhood disorganisation (ND) and maternal corporal punishment (MCP). ND was defined and measured as "neighbourhood collective efficacy" (eg: "people are willing to help their neighbours"), amount of crime and violence, and deteriorated structural conditions (eg: broken windows, litter on street). MCP was measured by amount of spanking, and warmth/responsiveness to child.

The data came from the Fragile Families and Child

Well-being Study (FFCWS), which followed 4898 families and their children born in seventy-five hospitals in twenty large US cities. Baseline measures were taken in hospital in 1998-2000, and then every few years. Ma et al (2018) had data available on 2472 children and their mothers at 3 and 5 years old. The outcome measure was child aggressive behaviour. Possible unobserved confounders were controlled for in the analysis - "traits of parents and family history of aggression and depression that may have associations with the use of parental CP..., cultural influences, and selection processes leading families to reside in certain neighbourhoods" (Ma et al 2018 p111).

The statistical analysis showed that the amount of crime and violence in the neighbourhood specifically and maternal spanking predicted child aggression at pre-school age. Ma et al (2018) commented: "Contrary to the perception that young children are potentially less affected by extra-familial factors compared to adolescents, our results underscore the direct, adverse effects of living in disadvantaged neighbourhoods on early child development even after controlling for parenting" (p112).

In terms of the study's limitations:

- Much relied on mother's self-reports, and "mothers may have under-reported problematic neighbourhood conditions, the use of spanking, and their child's misbehaviour" (Ma et al 2018 p113). But some data on the neighbourhood were confirmed by interviewers.

- No measure of mother's education level or ethnicity, which may have confounded the analysis. Other potential confounders not measured included residential mobility.

- Only MCP measured. Ma et al (2018) defended this decision: "First, we did not have comparable measures of parental warmth for fathers. Second, mothers use spanking and physical discipline more frequently than fathers" (p114). Also many mothers were not living with the child's father.

4.4. SOUTH ASIAN FAMILIES AND DOMESTIC VIOLENCE

"While DV [domestic violence] exposure and the related trauma affect children of all ethnic and cultural backgrounds, an emerging area of interest is how to adapt evidence-based programs so they meet the needs of different communities" (Ragavan et al 2018 pp250-251). This statement was made in relation to the USA, but is true everywhere, and in reference to South Asians there ("defined to include individuals who trace their ancestry

to Bangladesh, Bhutan, India, the Maldives, Nepal, Pakistan and Sri Lanka, as well as members of the diaspora – past generations of South Asians who settled in other parts of the world prior to immigrating to the United States"; Ragavan et al 2018 p251) [24].

Specific issues for South Asian DV survivors include "abuse by other members of the family (especially the in-laws); dowry-related harassment; stigma or shame from the South Asian community; taboos associated with divorce; language barriers; and isolation... Traditional gender norms have also been described within the South Asian community, and may be associated with perceived acceptability of abuse" (Ragavan et al 2018 p251). Compared to other ethnic minorities in the USA, South Asian women were more likely to be told to stay in a relationship after DV (Ragavan et al 2018).

Consequently, specific South Asian DV agencies have been created in the USA. Ragavan et al (2018) reported interviews with thirty of their staff members, from which six key themes emerged:

i) Role of extended family - Though the extended family can be supportive of the female victim of DV, there were a number of negative comments. For example, "Advocate 18" said: "We have women say that their in-laws are very psychologically and emotionally abusive and they kind of instigate the husband to behave towards her in certain ways" (p253). While "Advocate 5" stated: "A child I worked with was so traumatised and the mother wanted to leave, but the [child's] grandmother and the uncle and people would say 'Oh, but he [the abusive partner] is not so bad, you will work it out'" (p254).

ii) Identifying with two cultures - Again there were positive and negative aspects of this theme. For example, "The children who grow up in homes who don't feel ashamed to speak their own language, who don't feel ashamed that they are immigrants... those children seem to have more resilience than children who are constantly trying to quickly become American and fit in" ("Executive director 2"; p254). On the other hand, "Mental health provider 3" said: "I think a lot of the misunderstanding is coming from wanting to just label the child and say, 'Well, you are just too Americanised' instead of focusing on the fact that the child has been through domestic violence and this person is suffering and that's why they are acting out, that's why they are not listening to you" (p254).

iii) The child must be perfect - "The majority of participants felt South Asian families try to project the

[24] Appendix 4A.

image of perfection and thought this may add additional layers of trauma for South Asian children exposed to DV. An advocate stated: 'Things can look seemingly okay if they do well in school. But that makes it worse because South Asian children do so well in disguising it, but internally they are still having anxiety and depression' ('Advocate 13')" (Ragavan et al 2018 p254).

iv) What will the community say - This theme was summed up by "Youth advocate 1": "There is a famous catch phrase: 'log kya kehenge' which is a Hindi version of 'what will people say?' It is a big thing that a lot of us hear growing up and I think these children have seen how the community turns it back on them. One girl told me that she had never told anyone about it [DV], she didn't feel like it was safe to talk about. She was scared what the South Asian community would think. And I know, some of that is what you deal with as a teenager, like the fear of being ostracised, but also because she has seen how the South Asian community had treated her mother. They scorned her, they didn't support her" (p255).

v) Gender differences - The cultural preference for sons made the experience of DV worse for females, as "Advocate 10" explained: "Generally, the abusers are good to the sons. You know how it is with the son. If they [women] don't have a son and the first child is a daughter, then that is a big issue. 'You don't have a son, you didn't produce a son, it's your fault'. So, then there is even more abuse for the woman and the daughter sees that and hears that" (p255).

vi) Culturally-tailored resources - Half the participants favoured specialist resources, while the others did not (Ragavan et al 2018).

4.5. MALTREATMENT OF SIBLINGS

Siblings (and step-siblings) share a similar family environment usually. So if one sibling is maltreated, how often will other siblings also be maltreated?

About half of the families with more than one child in one study of families referred to a child protection unit for maltreatment (Hamilton-Giachritsis and Browne 2005). For physical abuse, the rates varied between 47-83%, while 23-48% for sexual abuse, and 61-91% for neglect (Witte et al 2018).

The samples in these previous studies are often small, whereas Witte et al (2018) recruited over 4500 adult German speakers online. The respondents were invited to recruit their siblings where relevant, and this produced full data on 870 sibling pairs.

Overall, among two siblings, if one of them experienced maltreatment, around 60% of the other siblings were also maltreated.

The general risk factors for any form of maltreatment were young parent(s), parent(s) mental health problems, and divorce or separation. There was little difference in risk factors between maltreatment of one or both siblings.

The sample were volunteers recruited via the Internet, and not representative of the German population (eg: more female respondents). The measures were retrospective self-reports (Witte et al 2018).

4.6. APPENDIX 4A - FAMILY VIOLENCE

Family violence includes "shared family violence" (violence towards to partner and child), partner violence, and harsh parenting (Briggs-Gowan et al 2019). Briggs-Gowan et al (2019) attempted to distinguish between different aspects of family violence in terms of effects upon the child at 3-5 years old using data from the Multi-Dimensional Assessment of Pre-Schoolers Study (MAPS).

Shared family violence was associated with more severe problems for the child (eg: distress; behavioural problems). Exposure to verbal and physical aggression whether directed at the child specifically or within the family generally was detrimental to the child.

Witnessing partner violence was associated with general anxiety, while harsh parenting was linked with the child being aggressive, for instance.

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5. METHODOLOGICAL ISSUES

5.1. MEASUREMENT

"Child maltreatment is a complex construct for scientific study. The multifaceted nature of the experience, the broad and expanding definitions of what child maltreatment is, and the public health interest in providing answers and effective interventions to the needs of those affected by child maltreatment make precise scientific study of this important experience paramount for the field" (Gabrielli and Jackson 2019 p1).

Jackson et al (2019) observed that it is "likely that how one captures and operationalises child maltreatment matters or is at least relevant in interpreting findings relative to its role on youth health" (p16). These researchers reviewed how child maltreatment had been operationalised in recent studies (338 between 2004 and 2014), with particular reference to type, severity, and frequency.

a) Type - eg: single or polyvictimisation ("exposure to multiple and varied traumatic stressors"; Dierkhising et al 2019 p40). The most popular method of measurement was a validated scale, like the Juvenile Victimisation Questionnaire (JVQ) (Finkelhor et al 2005) (table 5.1), and the Conflict Tactics Scale (CTS) (Straus 1979).

- In the last year, did anyone use force to take something away from you that you were carrying or wearing?
- Not including spanking on your bottom, in the last year, did a grown-up in your life hit, beat, kick, or physically hurt you in any way?
- When someone is neglected, it means that the grown-ups in their life didn't take care of them the way they should. They might not get them enough food, take them to the doctor when they are sick, or make sure they have a safe place to stay. In the last year, did you get neglected?
- In the last year, did you get scared or feel really bad because kids were calling you names, saying mean things to you, or saying they didn't want you around?

(Source: Finkelhor et al 2005)

Table 5.1 - Items from JVQ.

b) Severity - eg: "actual or potential physical or psychological harm of an event" (Jackson et al 2019 p7). Measured again mostly by scales (eg: Modified Maltreatment Classification System; MMCS; English et al 2005).

c) Frequency/chronicity - eg: number of events experienced. MMCS was the most popular measure here.

Jackson et al (2019) commented: "The goal was not to comment on what was right or wrong about the measurement approaches taken as much as it was simply to document the methods for operationalisation of those most commonly used. Child maltreatment is complex. What is important is perhaps not so much that every researcher use the same approach or tool that defines what 'child maltreatment' is, but that researchers be clear as to the rationale for why the method chosen or aspect of maltreatment included is appropriate for the research question under investigation" (p13).

5.2. GROUPING VARIABLES

Latent class analysis (LCA) is a "person-centred statistical method designed to classify individuals into groups that are not directly measurable" (Warmingham et al 2019 p30). Put simply, many variables or dimensions can be distinguished as classes or sub-groups.

Rather than combining ACEs in a cumulative model, " LCA has the advantage of empirically identifying naturally-occurring clusters of individuals with similar patterns of ACEs exposure. Membership in these classes can then be used to identify differential risk of poor outcomes (ie: differences in risk across classes) while accounting for the co-occurrence of ACEs" (Merians et al 2019 p52).

Using data from the NSCAW II, Brown et al (2019) investigated ACEs at different ages. The sample of 5870 US children in contact with welfare services were divided into four groups based on when ACEs were experienced - infancy (0-23 months), pre-school (2-5 years), school age (6-10 years), and adolescence (11-18 years). Groups were distinguished at each age with LCA:

i) Infants

- 1 - Physical neglect/emotional abuse/caregiver was treated violently (23% of sample).
- 2 - Physical neglect/household dysfunction (eg: caregiver mental illness) (34%).
- 3 - Caregiver divorce (43%).

ii) Pre-school

- 1 - Physical neglect/emotional abuse/caregiver was treated violently (22%).
- 2 - Physical neglect/household dysfunction (eg: caregiver mental illness) (25%)
- 3 - Emotional abuse (53%).

iii) School age

- 1 - Physical neglect/emotional neglect/caregiver was treated violently (11%).
- 2 - Physical neglect/household dysfunction (eg: caregiver mental illness) (26%).
- 3 - Emotional abuse (31%).

iv) Adolescence

- 1 - Physical neglect/emotional abuse/caregiver was treated violently (47%).
- 2 - Physical abuse/emotional abuse/household dysfunction (25%).
- 3 - Emotional abuse/caregiver divorce (28%).

The data analysis showed some stability in the type of ACEs experienced by children at different ages (eg: physical neglect, emotional abuse and their caregiver treated violently by family members), but also differences, particularly for adolescents. The analysis also showed that certain types of maltreatment go together (eg: physical neglect, emotional abuse, and caregiver who was treated violently).

Warmingham et al (2019) also used LCA with US data. The sample was 348 maltreated and 326 non-maltreated low-income inner-city children aged 10-12 years old who attended a week-long summer day camp at Mount Hope Family Centre, New York, 2004-2007.

Four classes were distinguished with class 1 being non-maltreated (48% of the total sample). The other three classes were related to maltreatment - "neglect only" (class 2 - 31% of maltreated children), "chronic multi-sub-type" (multiple maltreatment, especially neglect and emotional maltreatment) (class 3 - 57% of maltreated children), and "single sub-type" (one type of maltreatment only experienced, most often emotional maltreatment) (class 4 - 12% of maltreated children).

The researchers explained "two patterns of maltreatment experiences for neglected children: those who experience chronic maltreatment characterised by neglect in combination with other sub-types of maltreatment, and those who experience neglect alone. When neglect occurs alone, it is typically limited in

duration" (Warmingham et al 2019 pp35-36).

Dierkhising et al (2019) were able to show from their use of LCA that "the greater the number of developmental periods in which adolescents were classified as polyvictims, the greater the severity of PTSD, externalising problems, and internalising problems. In addition, there was variation in the relation between developmental timing of polyvictimization and different types of adolescent psychopathology" (p40).

The data came from the National Child Traumatic Stress Network Core Data Set in the USA, and focused on 3754 adolescents exposed to childhood trauma. The data set includes details on seventeen potentially traumatic events (eg: physical assault; school violence; sexual assault) collected from individuals themselves and parents/caregivers/relatives, along with post-traumatic stress disorder (PTSD) symptoms scores, and childhood problem behaviours.

In early childhood (0-5 years), middle childhood (6-12 years), and adolescence (13-18 years), high and low exposure sub-groups were identified. For example, in early childhood, the low exposure group (71% of the sample) had experienced 1.8 traumatic stressors on average, whereas the highest exposure sub-group 4.8 (4% of sample). This latter group was more likely to have experienced emotional abuse, neglect, physical abuse, and an "impaired caregiver" (eg: mental illness).

The researchers found:

a) Persistence of polyvictimisation - "Membership in the high exposure sub-group, at either earlier age period, was associated with membership in the high exposure sub-group in later age periods" (Dierkhising et al 2019 p44).

b) The effect of persistent polyvictimisation on adolescent problems - Each developmental period in the high exposure sub-group increased the risk of PTSD and/or behavioural problems.

c) The timing of polyvictimisation was important - Early-life high-exposure with persistent high-exposure doubled the risk of adolescent problems, for instance, compared to low exposure. Recent high exposure (ie: during adolescence) was also associated with more adolescent problems.

However, the researchers noted that "not all persistently polyvictimised youth reported clinically significant psychological distress, highlighting the need for future research on resilience in the face of extreme adversity" (Dierkhising et al 2019 p48).

Merians et al (2019) applied LCA to data from 8997 US college students at universities in Minnesota who completed the 2015 College Student Health Survey (CSHS). As well as questions about health, the CSHS asked about eleven ACEs.

Four classes were identified with LCA:

1 - "High ACEs" (9% of sample) - at least six ACEs experienced.

2 - "Moderate risk of non-violent household dysfunction" (17%) - "household mental health and substance use concerns" (Merians et al 2019).

3 - "Emotional and physical child abuse" (13%) - high emotional abuse, moderate physical abuse, low sexual abuse.

4 - "Low ACEs" (61%).

Comparing classes 1 and 4, for example, "high ACEs" reported significantly more mental and physical health problems, and alcohol use consequences (eg: hangover; driving under the influence).

General studies of development often include single-item indicators of abuse and neglect, which are not psychometrically reliable or valid, and in later data analysis the items are combined to give a measure of maltreatment. For example, in the National Longitudinal Study of Adolescent to Adult Health (Add Health) the presence or absence (1 or 0) is used to score different types of abuse. So, an individual who has experienced physical abuse and sexual abuse would have a cumulative maltreatment score of 2, and so would an individual who has experienced physical neglect and supervisory neglect (Brumley et al 2019).

Yet these are different experiences of maltreatment. A cumulative score or index assumes that, firstly, "all indicators tap the same underlying construct of 'maltreatment'...; in reality, the indicators may reflect different underlying constructs. Grouping together all maltreatment types masks heterogeneity in their causes and consequences for children's outcomes. Second, each indicator is treated the same (ie: a child exposed to sexual abuse is treated the same statistically as a child exposed to supervisory neglect) within the cumulative index summary score" (Brumley et al 2019 p66). The alternative statistical method is factor analysis, which similar to LCA, looks for underlying factors in the observed data.

Brumley et al (2019) compared a cumulative index approach and factor analysis using Add Health data collected originally in 1994-5 from over 90 000 US 11-17

year-olds. Follow-ups were made in 1995-6, 2001-02 and 2007-08. Data were available for 12-14 000 participants.

The cumulative index scored individuals between 0 to 6 (based on the presence of six forms of maltreatment - physical, sexual, emotional abuse; physical and supervisory neglect; social services involvement), while FA sought two latent factors for the six forms of maltreatment.

Overall, 31% of the sample score one or above on the cumulative index, showing some form of maltreatment. Factor analysis produced one factor for physical and emotional abuse and supervisory neglect (factor 1), and one factor for sexual abuse, physical neglect and social services involvement (factor 2).

Both statistical methods predicted adolescent and adult problems (eg: ran away from home; paid by someone for sex; drug use; convicted of a crime). For example, high index scores were more likely to run away from home than 0 scorers (ie: no maltreatment), and likewise for high factor 1 and 2 scorers compared to low scorers.

More detailed statistical analysis found that factor analysis was a better method for establishing maltreatment and predicting future problems, particularly factor 1.

The data from Add Health were self-reported, and the presence/absence of a type of maltreatment does not distinguish frequency, duration, and severity of the experience.

5.3. LIE SCALE

Socially desirable or false answers are a risk with parents accused of child maltreatment. One questionnaire used in this situation is the Child Abuse Potential Inventory (CAPI) (Milner 1986), which contains, among its 160 items, those to spot socially desirable or "faking-good" responses (lie scale) [25]. Up to half of parents at risk of child maltreatment have been found to give false answers in studies (Costello et al 2018).

Costello et al (2018) analysed the CAPI lie scale responses of 64 such parents in the USA. "Faking-good" profiles were categorised for twenty-two participants (ie: a score of seven or more on the lie scale), and these individuals had lower intellectual abilities and reading comprehension than the rest of the sample, and a "positivity bias". This is the tendency to value positive information more than negative information in decision-making; thus "selectively attending to positive information in the environment even when it is incorrect

[25] Eg: "I am always a good person"; "I am always happy with what I have".

to do so" (Costello et al 2018 p62).

This suggested that "faking-good" was more about cognitive bias and self-deception than deliberate lying and manipulation.

The researchers recommended changing the name of the "lie scale" to "naivete scale". "When presented to a mental health professional, it is assumed that the name lie' conjures up a very different picture than the word 'naïve', and it is expected that there would be a less negative connotation associated with a 'naïveté' scale than a 'lie' scale" (Costello et al 2018 p62).

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6. WELFARE SERVICES AND HELPING

6.1. CHILD WELFARE INTERVENTIONS

Landers et al (2018) stated: "Parents referred to child welfare services for child maltreatment often struggle against chronic risk factors including violence, substance abuse, mental health concerns, lack of social support, and poverty, which impinge upon their ability to be sensitive caregivers... Without adequate resources, parents of maltreated children may continue to expose their children to adverse conditions... Parents who maltreat their children may hold developmentally inappropriate expectations of their children, valuing physical discipline and lacking empathy towards their children's needs... Therefore, often the first line of intervention in child welfare is to modify parenting behaviour" (p547).

These researchers reviewed the evidence on such interventions for parents of children aged 0-5 years. Sixty-five relevant articles were found (up to late 2015) covering 42 interventions. Over three-quarters of the studies were undertaken in the USA, and only one-quarter of all the studies involved randomised controlled trials (RCTs). The interventions focused on parenting skills mostly, or the parent-child relationship. A few interventions targeted parental substance use or mental illness. Fathers were rarely included in interventions, and recidivism generally was not measured.

Landers et al's (2018) conclusions was that better studies are needed to establish "what works". They stated: "Although RCTs are generally considered to be the 'gold standard' for examining the efficacy or effectiveness of interventions... there are serious flaws in indiscriminately applying RCTs to answer evidence-based questions. The results of this scoping review underscore the importance of integrating findings from across research designs to better appreciate the various types of evidence that has been developed to better understand both the effectiveness of these interventions and the implications of these interventions as it relates to the contextual factors that can impact the delivery of these interventions for this vulnerable population. Although more RCTs are needed to improve our understanding of 'what works', we also need additional

qualitative studies, for example, to assist in understanding 'what is at work' in regards to the integration of client's perspectives, professional wisdom, and the potential contextual factors that may be relevant to the implementation and process of these interventions" (Landers et al 2018 p555).

Girardet et al (2018) performed a mixed methods study with the Texas Department of Family and Protective Services (DFPS). This methodology involves both qualitative and quantitative data collection. In this case, firstly, a focus group in one part of the state with fifteen DFPS workers about the decision to consult a specialist child abuse paediatrician (CAP) in child protection cases. From the qualitative design, the researchers created a twenty-item survey (quantitative data), which was completed by 436 DPFS workers.

Together, the mixed methods "revealed frustration among many workers when dealing with medical providers, and moderate levels of confidence in workers' abilities to make accurate determinations in cases involving medical information. Workers were more likely to refer cases involving serious physical injury than other types of cases. Among workers who reported prior interactions with a CAP, experiences and attitudes regarding CAPs were typically positive" (Girardet et al 2018 p381).

6.1.1. Home Visits

Home visiting services are a way to help vulnerable young children and families (eg: "Early Head Start" in the USA), but usually the focus is upon the mother and the child. This is not surprising as vulnerable families are often single mothers. Guterman et al (2018) reported a programme in the USA to encourage father involvement called "Dads Matter". The programme included training parents to clarify each one's role, to help in co-parenting, improve communication, and deal with conflict.

Guterman et al (2018) compared twelve families receiving home visiting services with "Dads Matter", and twelve families just receiving standard home visits in a large Midwest metropolitan area. The former group had more positive outcomes. "Comparatively favourable outcomes were observed for families receiving Dads Matter in all indicators of the quality of the mother-father relationship, partner abuse, and parents' perceptions of their stress in the parenting role as reported by both mothers and fathers. Congruent with these trends, mothers — and especially fathers — reported lower risk on both physical child abuse and neglect scales" (Guterman et al 2018 p270).

However, not all outcomes were positive: "For example, although change in fathers' own perceptions

of their importance to the mother was in the hypothesised direction, their perceptions of overall importance to the child was not" (Guterman et al 2018 p270).

6.1.2. Azerbaijan

Huseynli (2018) began: "The institutionalisation of children in large-scale facilities such as orphanages, boarding schools, and similar residential care facilities... is typically neither built around the needs of the child nor does it resemble a family situation. It displays the characteristics of institutional culture: depersonalization, rigidity of routine, block treatment, social distance, dependence, and lack of accountability ... The negative impact of institutional care on children's health, development, and life chances has been well documented. Children in institutions are at risk of being deprived of basic care and support and are exposed to harsh living conditions and disciplinary practices ... Institutional care is frequently associated with poor health outcomes, inadequate nutrition, exposure to environmental toxins and infectious diseases, and limited cognitive stimulation" (p160).

Thus the drive to deinstitutionalise child care around the world in the last few decades. Huseynli (2018) concentrated on the former Soviet republic of Azerbaijan, where a programme was started in 2006 (State Programme on Deinstitutionalisation and Alternative Care; SPDAC). After ten years, only eight of 55 institutions had changed. Huseynli (2018) interviewed twenty key individuals in the SPDAC.

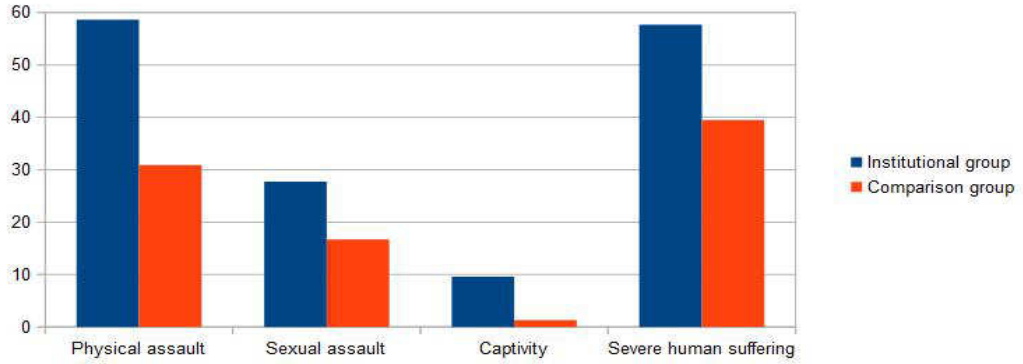
A "weak political will" was the main reason given for the lack of progress. Other reasons were "absence of a proper child protection system, lack of the relevant human resources, shortage of alternative services, weak civil society organisations, and a low level of awareness of child rights and child developmental milestones" (Huseynli 2018 p164).

6.2. INSTITUTIONAL BETRAYAL

Children placed in institutional care may experience maltreatment (institutional abuse - IA). The Vienna Institutional Abuse Study (VIA-S) was started in 2014 to investigate the long-term impact of child abuse and neglect in child welfare institutions in Vienna (between the 1940s and 1980s). Lueger-Schuster et al (2018) interviewed 220 individuals and compared them to a sample of 234 age-matched individuals from the city's population. Questionnaires were completed about mental health.

The institutional group had experienced more

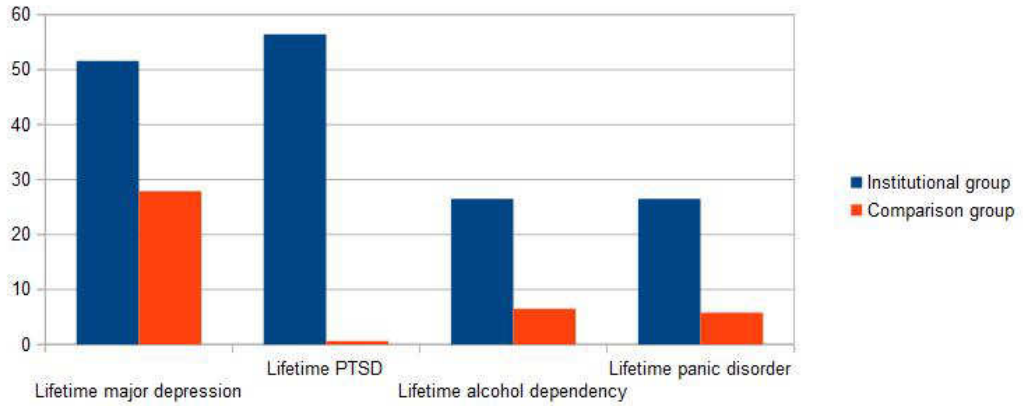
traumatic adult life events (figure 6.1), and reported more mental health problems (eg: PTSD; depression) (figure 6.2).



(Data from Lueger-Schuster et al 2018 table 2 p495)

Figure 6.1 - Percentage of respondents experiencing four selected traumatic adult life events (where significant difference between groups).

The child maltreatment (CM) experienced as IA differed in impact to CM experienced in the general population as well as in extent (a dose-response relationship - ie: more IA leading to greater mental health problems). The additional adversity of IA is described by the "institutional betrayal theory" (Smith and Freyd 2014). "Institutional betrayal is characterised by an environment in which CM is more likely, inadequate responding to disclosure of CM, and the inability to escape from the abusive environment" (Lueger-Schuster et al 2018 p489).



(Data from Lueger-Schuster et al 2018 table 4 p496)

Figure 6.2 - Percentage of respondents experiencing four selected mental disorders (where significant difference between groups).

Weindl et al (2018) explored the link between the childhood experiences of 220 individuals on the VIA-S and their adult motivational behaviours (in particular, self-efficacy, and locus of control). Higher levels of childhood abuse led to lower self-efficacy as an adult, but prolonged interpersonal childhood trauma was not directly related to locus of control. Overall, the participants had difficulties with appropriate goal-direct behaviours.

6.3. TRIGGER WARNINGS

"Trigger warnings" (TWs) are messages of cautious about upcoming content in a film, say. "The ideas that various topics may trigger distress — because the material itself is negative or reminds people of prior negative experiences — and warnings about the material's topic can prevent this distress have long circulated online" (Sanson et al 2019 p1).

It is argued that TWs help individuals to prepare their expectations and to regulate their emotions. For example, Gross (1998) showed participants an unpleasant film clip after one of three set of instructions - to regulate their emotional response, to suppress their response, and or no instructions. The first group reported less negative responses to the film.

On the other hand, TWs may exacerbate distress, for example, as "receiving a warning might encourage people to become hyperaware of (and inclined to negatively interpret) their emotions and intrusive thoughts, leading them to report more symptoms compared with their unwarned counterparts" (Sanson et al 2019 p3). One study found that telling individuals that an experience would be negative led to more negative recall of the event later (Sanson et al 2019).

But what about TWs to students before a class or course? Sanson et al (2019) found little previous evidence, and so investigated the topic with six experiments. The material involved a negative story or negative film clip (eg: fatal car crash), and the participants were either psychology students in New Zealand (n = 384), or mostly US adults recruited online (n = 1496).

The design of all experiments followed the same three phases:

- Baseline measure of negative emotions, intrusive thoughts, and avoidance of certain things.
- Received TW (eg: "the following story contains violence and death") or not before the material.
- Post-material measures.

Overall, "people who saw trigger warnings, compared

with people who did not, judged material to be similarly negative, felt similarly negative, experienced similarly frequent intrusive thoughts and avoidance, and comprehended subsequent material similarly well" (Sanson et al 2019 p13). The authors concluded that TWs "are at best trivially helpful".

The authors reflected on the key methodological issues, including:

a) Content of TWs - Future research would need to vary the content.

b) Participants - TWs may be beneficial to individuals with a history of psychiatric problems.

c) Only self-reported measures, not physiological ones, though psychometric questionnaires used.

d) The negative material used - eg: length; content.

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7. MISCELLANEOUS

7.1. CRIME AND DELINQUENCY

7.1.1. Addictions

The addictive use of smartphone among adolescents is a growing concern, particularly in South Korea (eg: 30% of that age group in 2014) (Kwak et al 2018).

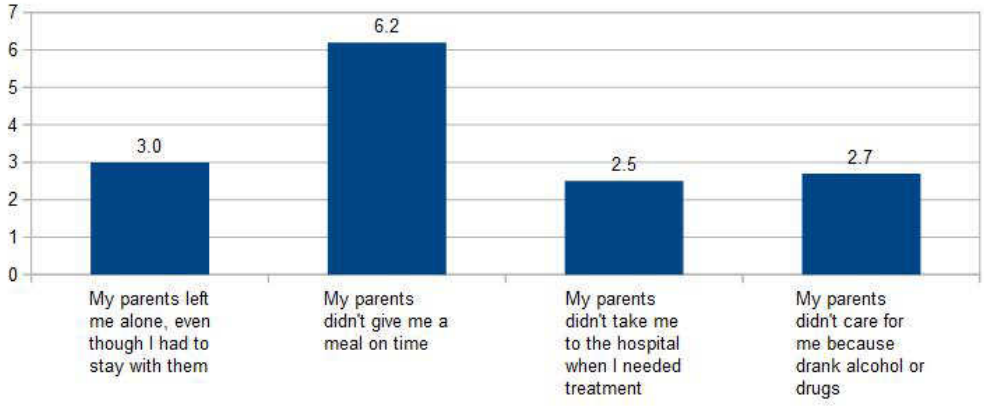
Kwak et al (2018) observed: "Relationships within the family and school environment are core factors leading to smartphone addiction in adolescents. In family violence studies..., youths with experience of physical abuse, emotional abuse, or neglect are more likely to experience adverse psychological outcomes including depression, low self-esteem, and social withdrawal, consequently resulting in smartphone addiction" (p76).

These researchers analysed data from over 1100 14-19 year-olds in four metropolitan areas of South Korea. Smartphone addiction was assessed by a version of the Internet Addiction Test (Young 1998), and other questionnaires were completed to cover parental neglect, for example.

For analysis purposes, the participants were divided into three groups based on smartphone addiction - severe (n = 56), moderate (potential risk; n = 765), and mild (n risk; n = 348). Overall, 9% of the sample reported parental neglect in the last year (figure 7.1).

Parental neglect was significantly correlated with smartphone addiction.

Drawing on the General Strain Theory (Agnew 1992), which sees delinquent behaviour in adolescence as a way of dealing with stress from parental neglect, Kwak et al (2018) argued that addictive smartphone use is a delinquent behaviour that helps with the coping of parental neglect.



(Data from Kwak et al 2018 table 3 p79)

Figure 7.1 - Number of participants (%) reporting four items measuring parental neglect.

Also using the General Strain Theory as a theoretical basis, Harp and Oser (2018) found that loss of custody of a child increased the likelihood of drug use and involvement in crime of African American women in the USA.

"Official custody loss" is where the child welfare agencies place a child with a relative or in foster care (which may continue or the mother could regain custody later). With "informal custody loss" the family move the child to another family member without the involvement of the authorities (eg: due to substance abuse by the biological parent) (Harp and Oser 2018).

The data analysed by Harp and Oser (2018) came from the Black Women in the Study of Epidemics Project between 2009 and 2013, which included 339 African American women in the community, in prison, or on probation in Kentucky. At baseline, 30% had lost custody informally, and 43% officially. "While women who lost custody officially reported increased drug use (and a much greater increase compared to the informal loss group), those who lost custody informally reported an increase in drug use and an increase in crime in the six months surrounding informal loss" (Harp and Oser 2018 p8).

Harp and Oser (2018) saw the findings as "preliminary support for perceiving of child custody loss as a strain-producing event that affects maternal substance use and crime" (p9).

Below are the key methodological issues of this study:

- (+) A longitudinal study lasting at least 18 months, but (-) secondary data, meaning the researchers could

not ask the questions that directly interested them.

- (-) Self-reported data on drug use in past six months and number of crime days in the past month, but (+) this captured information missed by official records. (+) "Additionally, this method allowed for observations of within-persons change in frequency over time, so while the exact unit measure itself may be of limited use, the change from one wave to the next is meaningful for interpretation" (Harp and Oser 2018 p10).

- (-) The measurement of custody loss was "imperfect": Women who experienced both informal and official custody loss placed in one group "based on what was perceived as the most serious custody issue" (Harp and Oser 2018 p10).

Limited details about informal custody loss. "For example, a woman whose child was taken by threat might be more likely to reduce her substance use in hopes of persuading this individual to return her child, while someone who voluntarily relinquished custody to another individual might be experiencing negative consequences associated with their substance use disorder (appendix 7A) and decide their child would thrive better elsewhere. If this were the case, one would expect the latter to increase her substance use and criminal involvement. Additional research is needed, including qualitative data, to examine the relationship between experiencing informal loss and changes in substance use and crime" (Harp and Oser 2018 p10).

Lack of information generally about reasons for custody loss, length of separation, reunion, or visiting rights. "Obtaining this information would require verification by examining child welfare case and court documents, which was not possible due to participant confidentiality" (Harp and Oser 2018 p10).

- (-) Additional variables that could mediate the relationship between custody loss and drug use and crime not measured (eg: maternal mental health).

- (+) Sample of African American women who in the community or in prison, but (-) from one US state only.

7.1.2. PTSD and Violence

The "cycle of violence" (Widom 1989) refers to the situation where "early life exposure to violence and victimisation can increase the risk of an individual perpetrating aggressive or other anti-social behaviour"

(McCallum et al 2018 p230). The early life experiences lead to PTSD, which continues throughout the individual's life, and can be the basis of adult violence perpetration (McCallum et al 2018).

Gillikin et al (2016) found a correlation between a history of psychological trauma and perpetrating violence among a sample of 1900 inner city, mostly female African-American, adults in Atlanta, USA.

Among prisoners, De Lisi et al (2010) reported higher levels of trauma, and misconduct in custody of juvenile offenders in California. McCallum et al (2018) found similar results among males at a London prison.

Among 110 of them, individuals experiencing PTSD symptoms were more likely to be involved in custodial violence.

PTSD was self-reported in this study and not formally diagnosed by a psychiatrist.

7.2. CHILD FOOTBALL TRAFFICKING

Esson and Drywood (2018) considered child trafficking in professional football in Europe today. The UNHCR has warned of a "modern day 'slave trade'" as agents "purchase" young players from poorer parts of the world to sell to the rich clubs in Europe. The players who do not "make it" are often abandoned by the agents in the destination country. This football trade is "an irregular form of migration", but is it human trafficking, asked Esson and Drywood (2018).

Poli (2010) distinguished between "human trafficking in football" and "human trafficking through football". The former involves the buying and selling of the player, whereas, with the latter, "the alleged interest from a foreign club is bogus, and the individual(s) abandon the player upon arrival in a destination country" (Esson and Drywood 2018 p63). The media tends to conflate both these situations, and present a narrative of "victims" (young players) and "villains" (football clubs/agents). But "such thinking removes the agency of the child from the equation. Whilst it is tempting to focus on the vulnerability of young people who are exposed to trafficking-like practices and focus upon the need to protect them, casting children as passive victims who lack the capacity to make rational decisions about their lives inevitably leads to poor regulatory responses" (Esson and Drywood 2018 p64). Put simply, the decision to go to Europe with a football agent is part of the wider belief that migration will lead to improved life chances.

Esson and Drywood (2018) described a case study of

Ghana: "The young players interviewed [26] typically explained how the West African footballer that was able to harness his sporting ability, and migrate to a well-paid European League where he would get a maximum return on this ability, was the embodiment of self-reliance and entrepreneurialism... Accordingly, a number of young people now view a football career as a way to sidestep an education system argued to lead to either unemployment or employment in the informal economy, and as a vehicle for development through the deployment of individual autonomy... The latter point is not unique to young Ghanaians and is also evident in other sub-Saharan African countries and in parts of South America" (pp67-68).

7.2.1. Violence in Childhood Sport

Children can experience maltreatment and abuse outside the home while involved in organised sport. For example, Vertommen et al (2016) found that nearly 40% of a sample of Dutch and Belgian adults reported at least one experience of psychological violence (eg: teasing; shouting; negative comments on performance) during childhood sport, and around 10% physical violence, and a similar number sexual violence.

Vertommen et al (2018) reported more information about this sample of over 4000 18-50 year-olds in the Netherlands and in Flanders (the northern, Dutch-speaking part of Belgium). Involvement in sport was organised sport before eighteen years old, "where organised sport can be any voluntary recreational or competitive sporting activity that takes place within the context of a club or organization outside the school curriculum and involves an element of training or instruction by an adult, including sport camps and organised extra-curricular sporting activities at school, but excluding physical education (PE lessons) and informal physical activities (eg: street soccer games, running with friends)" (Vertommen et al 2018 p461).

Violence was scored more systematically with forty-one items (Interpersonal Violence against Children in Sport (IVIS) questionnaire; Vertommen et al 2016) (table 7.1), and rated as none, mild, moderate, or severe. Consequently, 9.1% of the sample were classified as severe psychological violence, 8.1% as severe physical violence, and 5.4% severe sexual violence. Fifty-three individuals (1.3% of the sample) had experienced all three types of severe violence.

Vertommen et al (2018) focused on the long-term

[26] Interviews from, for example, Esson (2016).

effects of the violence into adulthood. Experiencing severe violence in childhood sport was associated with poorer adult mental health, and self-rated quality of life, and exposure to more than one type of violence had a cumulative effect.

- Four items classed as "mild" - eg: shouting; teasing. But if experienced regularly or often, classed as "moderate"
- Twenty-one items classed as "moderate" - eg: being forced to continue practice while injured or exhausted; uncomfortable physical contact; messages with sexual connotation; bullying. But if experienced regularly or often, classed as "severe".
- Fifteen items classed as "severe" - eg: beating; choking; rape).

Table 7.1 - Example of items on IVIS.

Key methodological points:

i) Web-based survey after recruitment by market research company.
- (+) Privacy and confidentiality.
- (-) Self-reported incidents without verification.

ii) Established questionnaires used for mental health and quality of life (eg: Brief Symptom Inventory 18; BSI-18).
- (+) Reliability and validity established.
- (-) Norms not necessarily for Dutch and Belgian populations.

iii) Information on a selection of demographic variables collected (eg: ethnicity; sexual orientation; level of education)
- (+) Good to control for in statistical analysis.
- (-) Variables not included (eg: perceived severity and impact of violence; relationship to perpetrator; maltreatment experienced outside sport).

iv) Cross-sectional design.
- (+) Compare different groups.
- (-) Not able to establish causality.

7.3. CHILD MENTAL HEALTH INEQUALITIES

Roberts et al (2016) pointed out: "Although any child is at risk of mental ill-health, good mental health is not equally distributed. Childhood mental illness generally results from a complex interplay between genetic, social and environmental factors. Poor mental

health and well-being thus disproportionately affects vulnerable and disadvantaged children and young people including those from the poorest households, disabled children, looked after children, refugee, asylum-seeking, and lesbian, gay, bisexual and transgender children... There is also some evidence that ethnicity is linked to child and adolescent mental health status" (p5).

Two main theories have been proposed to explain the socio-economic inequalities in child and adolescent mental health (Roberts et al 2016):

i) Social causation hypotheses - Socio-economic status (SES) affects mental health.

There are two main versions of this idea:

a) Family investment model - This proposes that "absolute poverty and a lack of resources can negatively impact a family's capacity to provide for their children adequate nutrition and opportunities for physical activity, good quality housing, and sufficient hygiene and safety. It can also influence their child's ability to maintain self-esteem – on- and off-line – through material goods and being able to engage in the same rewarding experiences as their peers" (Roberts et al 2016 p7).

b) Family stress model - Economic hardship causes stress within the family and this impacts on the mental health of all members of the household.

ii) Social selection theory (or "social drift" hypothesis) - Individuals with poor health "drift down" to a low social position, and this explains the association between lower social class and higher mental health rates.

Talking about the UK, but relevant elsewhere, Roberts et al (2016) made the following proposals to reduce inequalities in children's mental health:

a) Reduce the inequality gap in the country.

b) Early intervention to improve mental health (eg: mental illness in pregnancy).

c) Investment in mental health services.

d) Treat mental health services as important as physical health services.

e) Use social media for good.

f) Research into interventions to reduce the effects of poverty.

7.4. ATTACHMENT TO OBJECTS

Attachment to individuals is historically well researched, but studying attachment to objects is growing in interest. Russo (2018) summed up the view: "Our possessions do not just make us feel secure by substituting for important people in our lives ["transitory objects"], we actually see these objects as an extension of ourselves" (p58).

In relation to the first part, Keefer et al (2012) showed that "people cling more tightly to their belongings when they feel less confident about the people they care for" (Russo 2018 p59). Participants who had thought about times when loved ones let them down reported greater separation anxiety when their mobile phones were taken away than participants thinking about failings by strangers or themselves. Separation anxiety was measured by the speed to complete a task and get the phone back.

In another experiment, participants who thought about the positive aspects of their loved ones were less likely to anthropomorphise objects (ie: attribute social qualities) than thinking about acquaintances (Bartz et al 2016).

In terms of objects as an extension of the self, Kim and Johnson (2013) found that during neuroimaging, objects imagined as "mine" activated the same areas of the brain as imagining aspects of the self.

7.5. PHUBBING

"Phubbing" ("phone" and "snubbing") was coined to describe the situation where "people often ignore others with whom they are physically interacting in order to use their smartphone instead" (Chotpitayasunondh and Douglas 2018 p304). It appears to be motivated by smartphone addiction and/or fear of missing out (FOMO), and "phubbing behaviour itself predicts the extent to which people are phubbed, so that being a phubber can result in a vicious, self-reinforcing cycle of phubbing that makes the behaviour become normative" (Chotpitayasunondh and Douglas 2018 p304).

Chotpitayasunondh and Douglas (2018) investigated the effects of phubbing in an experiment with 153 British undergraduates, who watched a three-minute animation of two people interacting which included no, partial or extensive phubbing. The participants were asked to imagine themselves as one of the people in the animation before completing questionnaires about their feelings.

"Results revealed that increased phubbing significantly and negatively affected perceived communication quality and relationship satisfaction. These effects were mediated by reduced feelings of belongingness and both positive and negative affect" (Chotpitayasunondh and Douglas 2018 p304).

This experiment used a novel method to study the topic, namely 3D animation. However, "whilst they ensure a rigorous level of experimental control, this may come at the cost of external validity. The animations presented cartoon-like figures on a screen... and are therefore limited in the extent to which they offer the opportunity to study real-life conversations between strangers, acquaintances and friends. It may also be possible that participants became aware of the purpose of the study and responded in a socially desirable manner" (Chotpitayasunondh and Douglas 2018 p314).

7.6. APPENDIX 7A - SUBSTANCE USE DISORDER

Parental substance misuse (or substance use disorder; SUD) is a risk factor for child maltreatment, but there are aspects of this behaviour that vary in relation to the abuse. For example, SUD is consistently associated with physical abuse, but less so "harmful and/or risky substance use" (Kepple 2018).

In terms of the parent-child interaction, SUD can lead to only attending to misbehaviour, interpreting the child's behaviour as threatening, distraction from responding to the child's needs [27], or responding with abusive behaviours (Kepple 2018).

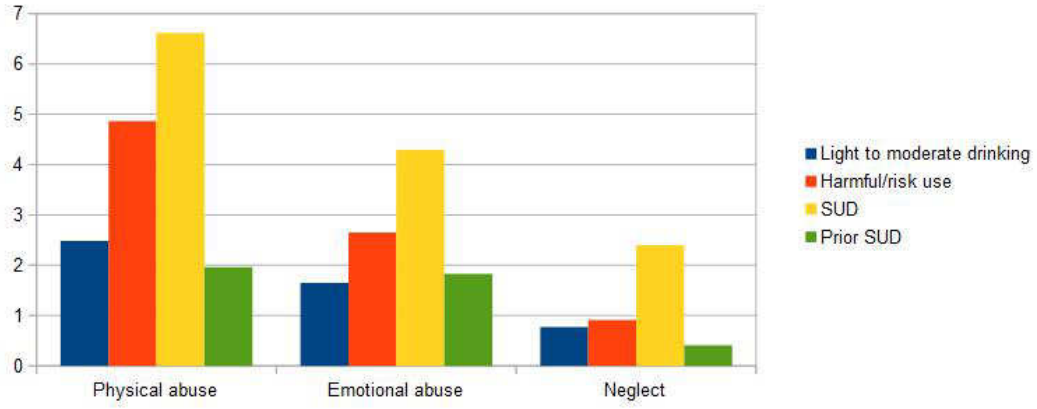
Using data from the National Survey of Child and Adolescent Well-Being (NASCAW-I), Kepple (2018) "explored how the relative importance of parental substance use behaviours may differ across physical abuse, emotional abuse, and neglect behaviours" (p47). Parental substance use was self-reported between 1999 and 2004, and divided into five groups - non-use (n = 1099), light to moderate drinking (n = 455), harmful/risky use (both alcohol and illicit drugs) (n = 340), SUD (n = 75), and SUD in the past but reduced use in the past year (n = 131).

Compared to non-use, physical abuse and emotional abuse were significantly greater in the other groups (though the prior SUD group was not significant). Neglect was significantly higher for the SUD group and significantly lower for the prior SUD group compared to non-use (figure 7.2). "In sum, the relationship between

[27] "Neglect, in particular, may be more likely to occur when on-going and pervasive psychoactive drug use 'hijacks' reward centres of the brain important for parents to feel motivated to engage with and nurture their children" (Kepple 2018 p52).

substance use and maltreatment frequencies differed for abuse and neglect, suggesting different pathways may be underlying these observed relationships" (Kepple 2018 p44).

The fact that the light to moderate drinking group was significantly different to non-users was an important finding, suggesting "even low levels of disinhibition arising from light to moderate drinking may be sufficient to increase emotional and physical abuse frequency" (Kepple 2018 p52).



(Data from Kepple 2018 table 3 p50)

Figure 7.2 - Incidence rate ratios for abuse basedon substance use (where 1.00 = non-user).

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8. EDUCATION AND MIGRATION

8.1. MIGRATION AND EDUCATION

Educational justice refers to the "fair distribution of educational resources and costs" (Culp and Zwarthoed 2018 p6). Usually it is debated at a national level, but "international inequalities in educational opportunities and outcomes are arguably significant and worrisome in a world in which workers are more and more likely to compete with foreigners for jobs" (Culp and Zwarthoed 2018 p6).

Culp and Zwarthoed (2018) also referred to a "sedentary bias" in debates of this topic - ie: the assumption that educated individuals will stay in their country of education. This "brain drain" is seen in children educated in one country who move elsewhere on reaching adulthood. There is an education cost to the country, but no benefits from these individuals working and paying taxes there. Culp and Zwarthoed (2018) pointed out the sedentary bias "tacitly conveys the message that sedentary ways of life are normatively superior over nomad ones" (p6).

Migration-related concerns about education apply to individuals leaving a country after education as well as migrants entering a country with their children. There are particular questions that arise, including: "To what extent, if at all, should adult migrants benefit from specialised educational programmes of language development? Should immigrant students receive a greater share of public educational resources than non-immigrant students? How, if at all, should educational policies and practices address the migrants' potential conflict of allegiance between their country of origin and their country of destination? How, if at all, should teaching practices respond to the immigrant children's migration experience?" (Culp and Zwarthoed 2018 p6).

Fonseca de Carvalho (2018) observed: "By its very nature, education is always about welcoming someone who is a newcomer into a world in which (s)he is a foreigner, even if this newcomer is not, from a legal point of view, an immigrant" (p11).

He continued: "That's the reason why educational

activity is always a form of hospitality. Educational hospitality always involves, then, some kind of openness in order to welcome someone who is new to the very place we inhabit and to its cultural traditions" (Fonseca de Carvalho 2018 p12).

8.2. RESPONSE OF SCHOOLS

Under a US Supreme Court ruling in the 1980s, all undocumented immigrant children and unaccompanied minors living in the country have the right to attend public schools for free.

Geron and Levinson (2018) considered three stances in terms of the responsibilities of US schools to this right and immigration authorities:

i) "Intentional collaboration" - The school refers pupils to immigration authorities for "criminal, non-criminal, and even non-disciplinary activity" (Geron and Levinson 2018 p23).

For example, Brentwood High School on Long Island, New York, has accepted over 8000 unaccompanied minors, mostly from Central America, since 2014. Because of the concerns about gangs from home countries which have emerged in the neighbourhood, the school has a strict policy on gang-related symbols, clothing, and behaviours. "At one level, the policies are clearly intended to protect students. But at another level, they are being implemented in the context of significant suspicion of and prejudice against Latinx students, a lack of understanding (at best) of the needs of undocumented and unaccompanied youth, and a disrespect for due process and equal protection. They have thus created a dangerous situation for undocumented and migrant students" (Geron and Levinson 2018 p27).

ii) "Predictable complicity" - The school unintentionally puts pupil at risk from immigration authorities.

For example, schools that employ "school resource officers" (SROs) (ie: local police officers assigned to carry out discipline and law enforcement) mean that these individuals can pass information to immigration authorities, even if the school or city has a sanctuary-like policy. This means that school or city officials cannot share information with outside authorities, like immigration services.

For example, at East Boston High School in Massachusetts, a "SRO responded to students who were having a loud argument in the cafeteria. In a report about the incident, the officer identified a student who was present in the cafeteria but uninvolved in the argument as a gang member. This claim – which the student

disputes – was eventually transmitted to federal authorities; ICE [Immigration and Customs Enforcement] and then detained the student and initiated deportation proceedings" (Geron and Levinson 2018 p29).

iii) "Proactive protection" - This involves the school "actively resisting federal policies when necessary" (Geron and Levinson 2018 p23).

Geron and Levinson (2018) argued that this should be the stance taken by schools in order to enforce the right to education of undocumented immigrants.

For example, one school in Los Angeles (Academia Avance Charter School) raised funds when the father of one of the students was arrested and deported. Such actions "establish the school as an open, safe, and understanding community whose loyalties lie with the families they serve. For these schools, protection includes psychological as well as physical well-being, and ethical action is embodied in the people and practices of the school" (Geron and Levinson 2018 p30).

8.3. EDUCATIONAL JUSTICE

Stojanov (2018) considered "educational justice" for immigrant children and for society. He asked: "Is there a moral duty to offer additional courses to immigrant students to foster their integration? If so, shall these courses be financed by allocating more money for the education of these students than for the education of native students? Or shall the funding of these courses be generated by cutting other classes that seem less relevant for integration – such as, say, arts or foreign languages – to prevent the appearance of an injustice, namely that immigrated students and their families are privileged in terms of resources? Or should one assume that the integration of immigrated children is the responsibility of their parents rather than of the system of public education, since it was the parents' decision to immigrate with their children? And what about the costs for the integration and tertiary education of immigrated adults? Should the receiving state (fully) cover these costs, even if they outstrip the costs which the state spends to support the domestic poor?" (Stojanov 2018 p35).

"Luck egalitarianism" (eg: John Rawls 1999) argues that access to resources in society should depend on choices that individuals could be reasonably held responsible. For example, an individual able to take a job who refuses should be held responsible for that action, but not for genetic preconditions or family position ("brute bad luck"). So, "a just society should spend more effort and resources on the early education of

children disadvantaged by their family backgrounds, their health, or even their talents to equalise their opportunities to define and pursue their own life prospects and to compete against other individuals without disadvantages in terms of goods and employment positions" (Stojanov 2018 p36). Immigrant children usually face disadvantage, so the receiving country has a moral duty to provide additional educational resources to overcome the disadvantage, according to this view.

Brighouse (2003), for example, disagreed. If extra educational resources are allocated to the disadvantaged, the parents of wealthy children with spend more on their offspring's education and a gap will remain between the advantaged and disadvantaged. So, more educational resources will be needed for the disadvantaged - the "bottomless pit" problem.

Maybe equality is not the best outcome for education, rather adequacy (Anderson 2007). "With regard to immigrant students, this norm implies that they should receive an education which enables them to participate fully in the society in which they reside and to live with dignity there" (Stojanov 2018 p37). Elizabeth Anderson does not explain the practicalities of "adequate" education (ie: what is taught) (Stojanov 2018).

Forst (2014) took another position. Educational justice is "not primarily about state institutions supplying individuals with goods according to supposedly objective criteria, but is instead about the intersubjective relations and structures of the production and distribution of the goods, whereby the key issue is not 'what you have but how you are treated' in those relations and structures. This claim has a strong appeal for a theory of educational justice, for one's education is not something which one receives from the school. Rather, one lives one's own education in the school (and beyond it); one 'produces' it within and through relations with one's teachers and fellow students, relations which one experiences every day in the school" (Stojanov 2018 p41).

However, this idea does present education as more than just what is taught in the classroom. The wider experience of education including intersubjective relations like respect, love or empathy, and recognition of the individual. Educational justice for the immigrant children must consider theses, argued Stojanov (2018).

Mkwananzi and Wilson-Strydom's (2018) research concentrated on twenty-six migrant youth from Zimbabwe in South Africa. The authors referred to the capability approach (CA), which "shifts the traditional focus on migration from being monetary-related towards understanding the quality of life enjoyed by migrants.

From a CA perspective, it is not only about migrants' achievements, but the freedoms (opportunities) available to them to pursue and achieve lives that they value" (Mkwananzi and Wilson-Strydom 2018 p72).

Key was the aspiration to attend further and higher education, and the researchers noted four groups of disadvantages (or conversion factors) in relation to that:

i) Economic factors - eg: financial responsibility to family; limited access to funding.

ii) Social factors - Living conditions, and "social ecology is important as this is where people's capabilities are influenced and aspirations formed... Environment also plays a role in the definition of the migrant youths' aspirations window. Factors such as socio-economic status, ethnicity, exposure and role models in one's day-to-day life influence what one believes he/she can achieve" (Mkwananzi and Wilson-Strydom 2018 p82).

iii) Personal factors - eg: individual background; parents' education. "Nancy's" comment expressed a number of the factors mentioned: "I'm the first born at home, so my mother looks up to me to provide everything. She knows that I am here to work, not to study. She knows that I always send money home but then I don't want to be like her. At her age now, if she had gone to school she could have been doing something on her own now" (p83).

iv) Institutional factors - eg: "Rusu" said: "Some of the places that I have applied for school want people with identity documents; they did not accept an asylum seeker's permit. They needed a passport and a permit and it would be very hard for me to get a passport and, apply for a study permit" (p84).

"The process of developing, prioritising and acting on aspirations involves a complex interaction of the multidimensional disadvantages (conversion factors) discussed above and migrant youths' agency, or their ability to act and bring about change in their lives" (Mkwananzi and Wilson-Strydom 2018 p84).

Mkwananzi and Wilson-Strydom (2018) conceptualised aspirations along two intersecting continua - positive/negative external influence (social and structural factors) and high/low levels of agency.

Mkwananzi and Wilson-Strydom (2018) pointed out that for "marginalised migrant youth, non-realisation of educational aspirations may lead to 'corrosive disadvantage' (Wolff and De-Shalit 2007) in that unless the cycle of multi-dimensional disadvantage is broken, through both individual agency and changes in

institutional conditions, intergenerational disadvantage is likely to be perpetuated..." (p86).

The idea that migrants can lead "the lives they value" is limited by the multiple disadvantages, and ultimately "capability deprivations" (Mkwananzi and Wilson-Strydom 2018).

8.4. ECOLOGIES OF CARE

Suarez-Orozco (2018) began: "Immigrant origin children and youth are now, and will continue to be, a diverse and demographically important segment of all post-industrial nations' populations. Across receiving spaces, immigrants are received with some trepidation, even where these youth offer the prospect to rejuvenate countries with aging demographics. In order to realise this potential, however, countries of immigration will need to find effective ways to integrate immigrant and refugee-origin children into the fabric of their society. To do so, the integration of these children and youth will need to be approached with an approach of ecologies of care (Noddings 2015)" (p47).

The upshot is a comprehensive programme (ie: "educating the whole child"). An ethics or ecologies of care approach could include (Suarez-Orozco 2018):

- Short-term newcomer programmes.
- Services focused on new language development.
- Services focused on heritable language development.
- After-school and extra enrichment programmes.
- Facilitating parental involvement.
- Advisory, support, and mentoring services.

But also the social context of immigration: "Without the deliberate and thoughtful engagement of native-born, non-immigrants examining their perceptions and stereotypes about new arrivals, successful, long-term social integration is not likely to be possible" (Suarez-Orozco 2018 p50).

Suarez-Orozco (2018) ended: "Immigrant- and refugee-origin children face considerable challenges as they navigate their new lands, particularly during the transition period. At the same time, it is important to acknowledge, appreciate, and build upon newcomers' resilience, optimism, and energetic work ethic. Concurrently, we must endeavour to lessen and reverse the powerful undertow of xenophobic disparagement threatening to drown the children of immigrants and refugees in nihilism and anomic withdrawal from the new society. Unless we do so, we risk young people never reaching their potential, sinking into despair or getting involved in crime, gangs, and long-distance nationalism" (p51).

Espindola and Jacobo-Suarez (2018) argued that the educational rights of children of immigrant families should depend on two countries ("receiving" and "sending"), since these children "lack any certainty of permanent residence in the host society owing to the threat of deportation and the precarity of their legal status, host and home societies bear the duty to offer an education that allows them to be functional in both societies" (p54).

This argument is based on the fact that migration is not a one-time occurrence, but international migration involves "circular flows of people moving back and forth between nations" (Espindola and Jacobo-Suarez 2018). This can be seen in Mexico with "the growing number of returned Mexican migrants, many of them forced to leave the United States... due to deportation processes, the financial crisis, and an increasingly hostile immigration policy. A direct consequence of this return migration is the growing number of students in Mexican schools who have previous educational trajectories in the US and who have recently moved to Mexico with their families" (Espindola and Jacobo-Suarez 2018 p55).

8.5. POSITIVE EDUCATION

With the emphasis on the host country providing education to migrants, there is a hierarchy created and a "unidirectional order of beneficence". Saner (2018) challenged this asymmetrical framework with the idea of "migrants as educators".

She described it thus: "Living with, going to school with, attending town halls with, sharing public spaces with immigrants make individuals of the host community aware of their default state, their cultural education. The differences function as a mirror for individuals, enabling them to view the unspoken assumptions of their upbringing as objects of reflection. What is taken for granted as normal becomes one possible way of being" (Saner 2018 p108).

The challenge of another worldview of the migrant can lead to resistance and hostility in some of the host community, but those who overcome this and accept newcomers, "this encounter makes self-reflection possible, and thus opens up a space for freedom. The freedom at stake is not one of license, of being able to do as one wills, but one of self-conscious self-determination where one reflectively chooses the principles of one's will" (Saner 2018 p108). Examining one's life and beliefs through evaluation is seen as a positive thing, and an individual will be a better person for it. "Thus, free and genuine self-development is not threatened but rather supported by the inclusion of migrant populations in host countries" (Saner 2018 p98).

Saner (2018) made links to the work of Hegel (eg: 1956), who saw self-reflection as of great importance, and to John Stuart Mill (eg: 1978), who argued "for the necessity not only of diverse opinions but also of 'different experiments of living' for the development of mankind" (Saner 2018 p104). There is also Fraenkel's (2016) idea of the "clash of cultures", which, though now is often used negatively, he saw as positive - "an open debate between respectful and equal partners in dialogue" (Saner 2018 p107).

Global justice in terms of wealth can be achieved by the redistribution of resources (from rich to poor countries), or through allowing migration from poor to rich countries. Such proposals require citizens in rich countries to have a "cosmopolitan ethos" (ie: "commitment to the idea that we have a moral obligation to care for all human beings, without preference to those who happen to be our fellow nationals [or] co-religionists"; Wilde 2013 quoted in Vandamme 2018). This is strong cosmopolitanism, which "considers national boundaries as morally arbitrary and rejects the idea of special moral obligations towards compatriots in virtue of the mere fact that they are compatriots" (Vandamme 2018 p115).

Vandamme (2018) reflected on the role of education in promoting a cosmopolitan ethos. Nussbaum (2010) noted that "knowledge is no guarantee of good behaviour, but ignorance is a virtual guarantee of bad behaviour" (quoted in Vandamme 2018).

For example, education can promote critical thinking. Vandamme (2018) explained: "Obviously, there is no guarantee that children trained to it will adopt cosmopolitan norms. Yet critical thinking, with its impetus to question prevailing social norms and its awareness of the risks of bias, makes it much more likely to lead one to question one's country's immigration policies, one's economic privileges compared to those of others in poor countries, and the insignificant impact of desert on the worldwide distribution of advantages. Only someone who develops an ability for critical thinking will come to question what first appears as obvious – that we should be proud of our nation, that we have the right to protect our borders, that we are not responsible for the world's misery, and so on. Critical thinking brings in questions such as: What if I was born elsewhere? How come I have the same beliefs as my parents? Why should the death of an unknown person be more tragic when she is a compatriot? Most of our prejudices that run counter to cosmopolitan values are unreflectively reproduced by custom. For centuries, we have been educated to love our group – and then our imagined community. Yet when we start thinking about it, the evidence loses weight" (p120).

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