

**FACTORS RESPONSIBLE FOR CHILD ABUSE AND NEGLECT BY PARENTS IN  
EGOR LOCAL GOVERNMENT AREA, EDO STATE**



**OSARIEMEN IGBINORE  
SSC1713310**

**DEPARTMENT OF SOCIAL WORK  
FACULTY OF SOCIAL SCIENCES  
UNIVERSITY OF BENIN  
BENIN CITY**

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**BY**

**OSARIEMEN IGBINORE  
SSC1713310**

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FACULTY OF SOCIAL SCIENCES, UNIVERSITY OF BENIN**

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BENIN CITY.**

**OCTOBER, 2023**

## CERTIFICATION

This is to certify that **OSARIEMEN IGBINORE** with matriculation Number **SSC1713310**, carried out this research work to fulfill the award of degree of bachelor of science (B.Sc.) In the Department of Social Work, University of Benin, Benin City.

\_\_\_\_\_  
**Dr. Uyi Edegbe**  
*Project Supervisor*

\_\_\_\_\_  
**Dr. Sunday Ibobor**  
*Head Department*

**DATE:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

## **DEDICATION**

This project is dedicated to God Almighty for his mercy and grace he bestowed upon my life throughout the period of my study in the University of Benin.

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**OSARIEMEN IGBINORE**  
*University of Benin*  
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## ABSTRACT

This study examined factors responsible for child abuse and neglect by parents in Egor Local Government Area, Edo State, with detailed objectives that identify the factors that are responsible for child abuse and neglect among parents; determine the consequences of child abuse and neglect in Egor Local Government Area of Edo State and examine the factors that protect a child from risk of abuse or neglect in the study area.

The study population for the research comprised individuals residing in Egor Local Government Area, which has a total population of over five hundred and two thousand, seven hundred (502,700) people (Citypopulation.de, 2022). To select a representative sample, a stratified random sampling method was employed, and 150 respondents was chosen from the population of Egor Local Government Area in Edo State. The method employed for the research was the simple statistical method such as the simple percentage to deduce the effective and interpret the further necessary discussions. When data are collected and put in numerical form they do not seem meaningful until they are summarized in tables, percentages grouped into frequencies and so on.

The findings note a level of awareness and recognition of the factors contributing to child abuse and neglect, the consequences of such maltreatment, and the importance of preventive measures. However, there is some diversity in perspectives, particularly in terms of preventive strategies, highlighting the need for comprehensive awareness campaigns and community education. The findings underscore the importance of continued efforts to prevent child abuse and protect children in the study area.

**Key Words: Child; Child Abuse; Neglect; Parents; Child Development**

## CHAPTER ONE

### INTRODUCTION

#### 1.1 Background of Study

Child abuse and neglect is synonymous with Child maltreatment. It is any form of physical, psychological, social, emotional and sexual maltreatment of a child whereby the survival, safety, self-esteem, growth, and development of the child are endangered (Alokan and Bimbola, 2012). It is a social conduct injurious to the child in the process of interacting with parents and adults in the family. If the people believe or suspect child abuse or neglect, then a report must be made to child protection agencies for intervention. What constitutes child abuse and neglect vary between social and cultural groups, and across time (Coghill et al; Wise, 2011). In general, abuse refers (usually deliberate) acts of commission while neglect refers to acts of omission (McCoy & Keen, 2013; Australian Institute of Family Studies, 2018).

Globally, more than 7 billion people are living in the world, including 2.2 billion children. Amongst them are children who are without parental care and those at risk of losing parental care (SOS Children's Villages International, 2015). Many children who are without parental care or at the risk of losing parental care are in Sub-Saharan Africa where the risk of growing up as a child is ten times higher than any in other continents of the world (United Nations Children's Fund (UNICEF), 2014; UNICEF, 2015). This is so because, in Sub-Saharan Africa, children are at a greater risk of losing parental care owing to factors such as poverty, insurgency, domestic violence leading to family

disintegration, parental ill health due to Human Immune Virus/Acquired Immune Deficiency Syndrome (HIV/AIDs), social exclusion, lack of knowledge on positive parenting, absence of social protection measures, discrimination and harmful traditional practices. Due to these factors, child vulnerability is at its peak and more pronounced in Central and West Africa regions with little progress made by some countries in these regions to address child vulnerability (Save the Children, 2017).

While reports have been made about the occurrence of child abuse and neglect in urban cities of Nigeria by researchers (Owolabi, 2012; Okafor, 2010), less has been reported on this issue in rural areas (except as regards child labour in agriculture) despite the active role played by dwellers of rural areas in the country. This, according to Ebigbo (1989) cited by Ojo (2013) is because children in urban areas are quickly caught up in the daily struggle for survival and material gain. The contribution of rural dwellers to the promotion of human trafficking is enormous as UNESCO (2006) reported that most of the women and children being trafficked are from rural areas, where agricultural activities take place. This has negative effect on food production and food security as the major actors in food production are the ones being trafficked.

The National Clearinghouse on Child Abuse and Neglect Information (2006) defines emotional abuse as acts or omissions by the parent or other caregivers that have caused or could cause serious behavioural, cognitive, emotional or mental disorders. Emotional abuse can thus be seen as any attitude, behaviour or failure to act on the part of a caregiver who interferes with a child's mental health, social development or sense of self worth. It is probably the least understood, yet the most

prevalent, most cruel and destructive type of abuse. It attacks the child self concept making the child see him/herself as unworthy, worthless and incapable. When a child is constantly humiliated, shamed, terrorized or rejected, the child suffers more than if he/she had been physically maltreated. The resulting effect is that most children often withdraw to themselves leading to depression and lack of concentration in school.

Theoklitou et al (2012) opined that child neglect is the failure of a parent or other person with responsibility for the child to provide needed food, clothing, shelter, medical care, or supervision to the degree that the child's health, safety, or well-being may be threatened with harm. According to them, neglect is also a lack of attention from the people surrounding a child, and the non-provision of the relevant and adequate necessities for the child's survival, which would be a lack of attention, love, and nurturing. Some observable signs of child neglect include the frequently absent from school, begs or steals food or money, lacks needed medical attention and dental care, is consistently dirty, or lacks appropriate clothing for the weather (Wikipedia, 2021). The 2010 Child's Maltreatment Report in Wikipedia (2021) found that neglect/neglectful behaviour was the most common form of child maltreatment. The Australian Institute of Family Studies (2018) asserted that neglectful acts are characterized by the absence of a parent or guardian which can lead to physical harm, sexual abuse, or criminal behaviour; by the failure to provide the basic physical necessities, such as a safe and clean home; lack of providing medical care; lack of nurturance, encouragement, and support; by the caregivers lack to provide an education and additional resources to actively participate in the school system; and when the parent or guardian leaves a child alone for a long period of time without a babysitter or caretaker. Children who are victims of neglect have a more

difficult time forming and maintaining relationships, such as romantic or friendship, later in life due to the lack of attachment they had in their earlier stages of life according to Australian Institute of Family Studies. Therefore, the study seek to find the factors responsible for child abuse and neglect in Nigeria, using Egor Local Government Area of Edo State as the case study.

## **1.2 Statement of Problem**

Child abuse and neglect is a pervasive problem that affects children of all ages, races, and socioeconomic backgrounds. The consequences of child abuse and neglect can be severe and long-lasting, including physical injuries, emotional trauma, developmental delays, and even death. Child abuse and neglect can also have lifelong effects on mental health, social relationships, and overall well-being. The problem is that there are multiple complex factors that contribute to the issue of child abuse and neglect, including parental stress, substance abuse, mental health issues, social isolation, poverty, domestic violence, and lack of parenting skills. These factors can interact in complicated ways, making it challenging to prevent or address instances of child abuse and neglect. It is essential to address these underlying factors to reduce the incidence of child abuse and neglect and improve the well-being of children and families.

Despite efforts to prevent and address child abuse and neglect, the problem persists, and the number of reported cases continues to rise. Understanding the underlying factors that contribute to child abuse and neglect is crucial to developing effective prevention and intervention strategies. It is also important to recognize that child abuse and neglect is not the fault of the child and should never be

tolerated. Instead, society must work together to support families, promote positive parenting practices, and create safe and nurturing environments for children to thrive.

The rate of prevalence of child abuse and neglect in Nigeria is increasingly alarming. Its prevalence and kind vary from one region to another. Child abuse and neglect covers a wide range of work activities and industries (Owolabi, 2012), such as domestic services, bus conducting, car washing, drug peddling, herding of livestock, industrial work, street hawking, child trafficking, street begging, agriculture and mines, food processing, construction, sex industry, textile industry and tourism. The abuses also include corporal punishments, female genital mutilation (FGM), kidnapping, child marriage, child prostitution, etc. While some of these abuses (such as bus conducting, hawking, street begging, domestic services, car washing, etc) are more prevalent in the Southern part of the country, others like child marriage and female genital mutilation are more prevalent in the Northern areas. However, the research problem for this study is to investigate child abuse and neglect among parents in Egor Local Government Area of Edo State, Nigeria, with the overarching objective of understanding the prevalence, causes, consequences and protective factors associated with child abuse and neglect in the study area.

### **1.3 Objectives of the Study**

The following are the objectives of the study:

1. Identify the factors that are responsible for child abuse and neglect among parents in Egor Local Government Area of Edo State.

2. Determine the consequences of child abuse and neglect in Egor Local Government Area of Edo State.
3. Examine the factors that protect a child from risk of abuse or neglect in the study area.

#### **1.4 Research Questions**

In view of the objectives of the study, the following research questions were asked

1. What are the responsible factors for child abuse and neglect among parents Egor Local Government Area of Edo State?
2. What are the consequences of child abuse and neglect in Egor Local Government Area of Edo State?
3. What are the factors that protect a child from risk of abuse or neglect in the study area?

#### **1.5 Significance of the Study**

This study will be of great importance as it will provide necessary information on the causes, effects and means to curtail or reduce the crime of child abuse and neglect in Egor Local Government Area. Apart from providing means and strategy for curtailing the prevalence of the crime of child abuse and neglect in our society, this study will also advocate for practical and conscientious moves towards the rehabilitation of children that have already been a victim of various forms of abuses. In practical terms, the findings of this study will bring to the fore; the inadequacies, deficiencies, flaws and other problems inherent in the enforcement of the Child's Right Act 2003 and other laws on the rights of the child.

The crime of child abuse has received little attention from people in our society in time past. This study has hereby aimed at bringing the crime of child abuse into the limelight and also steps to take in curbing its menace. This research is also aimed at analyzing the crime of child abuse and how it impacts on our society. The government and other policy makers will also find this work very handy in an attempt to find solutions to this problem. Similarly, this work will also assist law enforcement agencies in their bid to abate the crime of child abuse in Nigeria. And finally, this research will serve as veritable source of reference for students and researchers and those in related discipline for further research.

### **1.6 Scope of the Study**

This research study will specifically focus on the factors responsible for child abuse and neglect using Egor Local Government Area of Edo State as the case of study. The study will gather primary data through methods such as surveys, interviews, and observations. It may involve collecting information from parents or caregivers, children, community members, and relevant stakeholders in the local government area. The collected data will be analyzed using appropriate statistical methods and qualitative analysis techniques to identify patterns, correlations, and trends related to child abuse and neglect factors in Egor Local Government Area.

### **1.7 Delimitation of the Study**

Curran, (1991) argues that, the ideal setting for any study should be easily accessible to the inquirer. Moreover, limiting the investigation to the study of factors responsible for child abuse and neglect in

Egor Local Government Area of Edo State is a reasonable and practical approach for conducting research on this important issue. It allows researchers to gather in-depth information that is relevant to the local context and can inform targeted prevention and intervention strategies to address the issue of child abuse and neglect in the area.

### **1.8: Definition of Key Words**

**Child:** A child refers to a young human being who is in the early stage of life and is typically below the age of 18.

**Child Abuse:** Child abuse is a complex set of behaviors or actions that result in harm, potential harm, or threat of harm to a child. It can take various forms, including physical, emotional, sexual abuse, and neglect.

**Neglect:** In the context of child welfare, involves the failure of parents or caregivers to provide for a child's basic needs, such as adequate food, shelter, clothing, supervision, medical care, and emotional support.

**Parents:** Parents are individuals who have biologically or legally brought a child into the world and have the responsibility for the child's care, upbringing, and well-being.

**Child Development:** Child development refers to the process of growth and maturation that occurs in children physically, emotionally, socially, and cognitively from infancy through adolescence. It encompasses the acquisition of skills, abilities, and milestones that contribute to a child's overall well-being and readiness for adulthood.

## CHAPTER TWO

### REVIEW OF RELATED LITERATURE

#### 2.1 Concept of Child Abuse and Neglect

Child abuse and neglect has been defined as the “physical or emotional mistreatment and neglect of children or the sexual exploitation in circumstances for which the parents can be held responsible through acts of commission or omission” (Doye, 1990). Child abuse and neglect is defined as ‘the non accidental commission of any act by a caretaker upon a child under the age of 18 years which causes or creates a substantial risk of serious physical or emotional injury, or which constitutes a sexual offence such as rape or molestation (Owolabi, 2012). Child abuse and neglect can be described as a situation where a child is denied his basic/fundamental human right as a child/person. Child abuse and neglect can then be seen as a situation whereby the fundamental human rights of a child are tampered with. That is, the child is not given adequate care and protection as it is the responsibility of every parent to take good care of their children. The above definitions imply that child abuse and neglect in any form amounts to the violation of the Child’s Rights to survival, development, protection and participation as broadly provided for in the CRA.

Child abuse and neglect has emerged as one of the serious social problems that have engaged the attention of scholars, professional social workers, law enforcement officials, legislators, policy-makers and the public over the past three decades (Ladan, 2005). Child abuse and neglect has been defined by many scholars. Oxford Advanced Learner’s Dictionary defines child abuse and neglect as cruel treatment of children, especially by adults, involving violence or sexual activity. As cited in

Umobong (2010), the African Network for Prevention and Protection against Child abuse and neglect and Neglect (ANPPCAN) defines child abuse and neglect as “the intentional, unintentional or well intentional acts which endanger the physical health, emotional, moral and the educational welfare of children. In line with this definition, Umobong (2010) believed that Child abuse and neglect can be seen as any act of omission or commission, physical or psychological mistreatment or neglect of a child by its parents, guardians, caregiver or other adults that may endanger the child’s physical, psychological or emotional health and development.

## **2.2 Factors That Contribute to Child Abuse and Neglect**

There is no single known cause of child maltreatment nor is there any single description that captures all families in which children are victims of abuse and neglect. Child maltreatment occurs across socio-economic, religious, cultural, racial, and ethnic groups. While no specific causes definitively have been identified that would lead a parent or other caregiver to abuse or neglect a child. Research has however recognized a number of risk factors or attributes commonly associated with maltreatment. Children within families and environments in which these factors exist have a higher probability of experiencing maltreatment. It must be emphasized, however, that while certain factors often are present among families where maltreatment occurs, this does not mean that the presence of these factors will always result in child abuse and neglect. The factors that may contribute to maltreatment in one family may not result in child abuse and neglect in another family. For example, several researchers note the relation between poverty and maltreatment, yet it must be noted that most people living in poverty do not harm their children. Professionals who intervene in cases of child maltreatment must recognize the multiple, complex causes of the problem and must tailor their

assessment and treatment of children and families to meet the specific needs and circumstances of the family.

Risk factors associated with child maltreatment can be grouped in four domains:

- Parent or caregiver factors
- Family factors
- Child factors
- Environmental factors
- Protective factors

It is increasingly recognized that child maltreatment arises from the interaction of multiple factors across these four domains. The sections that follow examine risk factors in each category. Available research suggests that different factors may play varying roles in accounting for different forms of child maltreatment (physical abuse, sexual abuse, neglect, and psychological or emotional abuse).

A greater understanding of risk factors can help professionals working with children and families both to identify maltreatment and high-risk situations and to intervene appropriately. Assessment of the specific risk factors that affect a family may influence the prioritization of intervention services for that family (e.g., substance abuse treatment). Moreover, addressing risk and protective factors can help to prevent child abuse and neglect. For example, prevention programs may focus on increasing social supports for families (thereby reducing the risk of social isolation) or providing parent education to improve parent's age-appropriate expectations for their children.

### **2.2.1 Parent or Caregiver Factors**

Parent or caregiver factors potentially contributing to Child Abuse relate to:

- Personality characteristics and psychological well-being
- History of maltreatment
- Substance abuse Attitudes and knowledge
- Age

#### **1. Personality Characteristics and Psychological Wellbeing**

No consistent set of characteristics or personality traits has been associated with maltreating parents or caregivers. Some characteristics frequently identified in those who are physically abusive or neglectful include low self-esteem, an external locus of control (i.e., belief that events are determined by chance or outside forces beyond one's personal control), poor impulse control, depression, anxiety, and antisocial behaviour. While some maltreating parents or caregivers experience behavioural and emotional difficulties, severe mental disorders are not common.

#### **2. Parental History and Cycle of Abuse**

A parent's childhood history plays a large part in how he or she may behave as a parent. Individuals with poor parental role models or those who did not have their own needs met may find it very difficult to meet the needs of their children.

While the estimated number varies, child maltreatment literature commonly supports the finding that some maltreating parents or caregivers were victims of abuse and neglect themselves as children.

One review of the relevant research suggested that about one-third of all individuals who were maltreated will subject their children to maltreatment. Children who either experienced maltreatment or witnessed violence between their parents or caregivers may learn violent behaviour and may also learn to justify violent behaviour as appropriate (Gelles, 1998).

An incorrect conclusion from this finding, however, is that a maltreated child will always grow up to become a maltreating parent. There are individuals who have not been abused as children who become abusive, as well as individuals who have been abused as children and do not subsequently abuse their own children. In the research review noted above, approximately two-thirds of all individuals who were maltreated did not subject their children to abuse or neglect (Kaufman, 1993).

It is not known why some parents or caregivers who were maltreated as children abuse or neglect their own children and others with a similar history do not (NRC, 1993). While every individual is responsible for his or her actions, research suggests the presence of emotionally supportive relationships may help lessen the risk of the intergenerational cycle of abuse (Egeland et al, 1987).

### **3. Substance Abuse**

Parental substance abuse is reported to be a contributing factor for between one- and two-thirds of maltreated children in the child welfare system (USDH, 1999). Research supports the association between substance abuse and child maltreatment (Jaudes et al, 1995). For example:

- A Department of Health and Human Services study found all types of maltreatment, and particularly neglect, to be more likely in alcohol-abusing families than in nonalcohol-abusing families (USDH, 1993).
- A retrospective study of maltreatment experience in Chicago found children whose parents abused alcohol and other drugs were almost three times likelier to be abused and more than four times likelier to be neglected than children of parents who were not substance abusers. (Jaudes et al, 1995).

Substance abuse can interfere with a parent's mental functioning, judgment, inhibitions, and protective capacity. Parents significantly affected by the use of drugs and alcohol may neglect the needs of their children, spend money on drugs instead of household expenses, or get involved in criminal activities that jeopardize their children's health or safety (Zuckerman, 1994). Also, studies suggest that substance abuse can influence parental discipline choices and childrearing styles (USDH, 1999).

Over the past decade, prenatal exposure of children to drugs and alcohol during their mother's pregnancy and its potentially negative, developmental consequences has been an issue of particular concern. The number of children born each year exposed to drugs or alcohol is estimated to be between 550,000 and 750,000 (Landdeck-Sisco, 1997). While this issue has received much attention, children who are exposed prenatally represent only a small proportion of children negatively affected by parental substance abuse (USDH, 1999).

The number and complexity of co-occurring family problems often makes it difficult to understand the full impact of substance abuse on child maltreatment (NRC, 1993). Substance abuse and child maltreatment often co-occur with other problems, including mental illness, HIV/AIDS or other health problems, domestic violence, poverty, and prior child maltreatment. These co-occurring problems produce extremely complex situations that can be difficult to resolve (USDH, 1999). Because many of the problems may be important and urgent, it can be difficult to prioritize what services to provide. Additionally, identifying and obtaining appropriate resources to address these needs is a challenge in many communities.

#### **4. Attitudes and Knowledge**

Negative attitudes and attributions about a child's behaviour and inaccurate knowledge about child development may play a contributing role in child maltreatment (NRC, 1993). For example, some studies have found that mothers who physically abuse their children have both more negative and higher than normal expectations of their children, as well as less understanding of appropriate developmental norms (Black et al, 2001). Not all research, however, has found differences in parental expectations (Milner & Dopke, 1997).

#### **5. Age**

Caretaker age may be a risk factor for some forms of maltreatment, although research findings are inconsistent (NRC, 1993). Some studies of physical abuse, in particular, have found that mothers who were younger at the birth of their child exhibited higher rates of child abuse than did older mothers (Black et al, 2001). Other contributing factors, such as lower economic status, lack of social

support, and high stress levels may influence the link between younger childbirth - particularly teenage parenthood and child abuse (Buchholz et al 1993).

### **2.2.2 Family Factor**

Specific life situations of some families such as marital conflict, domestic violence, single parenthood, unemployment, financial stress, and social isolation may increase the likelihood of maltreatment. While these factors by themselves may not cause maltreatment, they frequently contribute to negative patterns of family functioning.

#### **1. Family Structure**

Children living with single parents may be at higher risk of experiencing physical and sexual abuse and neglect than children living with two biological parents (Sedlak et al, 1996). Single parent households are substantially more likely to have incomes below the poverty line. Lower income, the increased stress associated with the sole burden of family responsibilities, and fewer supports are thought to contribute to the risk of single parents maltreating their children. In 1998, 23 percent of children lived in households with a single mother, and 4 percent lived in households with a single father (FIFCFS, 1999). A strong, positive relationship between the child and the father, whether he resides in the home or not, contributes to the child's development and may lessen the risk of abuse.

In addition, studies have found that compared to similar non-neglecting families, neglectful families tend to have more children or greater numbers of people living in the household (Sedlak et al, 1996). Chronically neglecting families often are characterized by a chaotic household with changing

constellations of adult and child figures (e.g., a mother and her children who live on and off with various others, such as the mother's mother, the mother's sister, or a boyfriend) (Polansky et al, 1992).

## **2. Marital Conflict and Domestic Violence**

According to published studies, in 30 to 60 percent of families where spouse abuse takes place, child maltreatment also occurs (Edelson, 1999). Children in violent homes may witness parental violence, may be victims of physical abuse themselves, and may be neglected by parents who are focused on their partners or unresponsive to their children due to their own fears (NCCAN, 1999). A child who witnesses parental violence is at risk for also being maltreated, but, even if the child is not maltreated, he or she may experience harmful emotional consequences from witnessing the parental violence (Margolin et al, 1997).

## **3. Stress**

Stress is also thought to play a significant role in family functioning, although its exact relationship with maltreatment is not fully understood (NRC, 1993). Physical abuse has been associated with stressful life events, parenting stress, and emotional distress in various studies (Whipple et al, 1991). Similarly, some studies have found that neglectful families report more day-to-day stress than non-neglectful families (Williamson, 1991). It is not clear, however, whether maltreating parents actually experience more life stress or, rather, perceive more events and life experiences as being stressful (Milner & Dopke, 1997). In addition, specific stressful situations (e.g., losing a job, physical illness, marital problems, or the death of a family member) may exacerbate certain characteristics of the

family members affected, such as hostility, anxiety, or depression, and that may also aggravate the level of family conflict and maltreatment (Rycus et al, 1998).

#### **4. Parent – Child Interaction**

Families involved in child maltreatment seldom recognize or reward their child's positive behaviors, while having strong responses to their child's negative behaviours (Garbarino, 1984). Maltreating parents have been found to be less supportive, affectionate, playful, and responsive with their children than parents who do not abuse their children (NRC, 1993). Research on maltreating parents, particularly physically abusive mothers, found that these parents were more likely to use harsh discipline strategies (e.g., hitting, prolonged isolation) and verbal aggression and less likely to use positive parenting strategies (e.g., using time outs, reasoning, and recognizing and encouraging the child's success) (Black et al, 2001).

#### **2.2.3 Child Factors**

Children are not responsible for being victims of maltreatment. Certain factors, however, can make some children more vulnerable to maltreating behaviour. The child's age and development - physical, mental, emotional, and social - may increase the child's vulnerability to maltreatment, depending on the interactions of these characteristics with the parental factors previously discussed.

##### **1. Age**

The relationship between a child's age and maltreatment is not clear cut and may differ by type of maltreatment. In 2000, for example, the rate of documented maltreatment was highest for children

between birth and 3 years of age (15.7 victims per 1,000 children of this age in the population) and declined as age increased (USDH, 2002). The inverse relationship between age and maltreatment is particularly strong for neglect, but not as evident for other types of maltreatment (physical, emotional, or sexual abuse).

Infants and young children, due to their small physical size, early developmental status, and need for constant care, can be particularly vulnerable to child maltreatment. Very young children are more likely to experience certain forms of maltreatment, such as shaken baby syndrome and nonorganic failure to thrive. Teenagers, on the other hand, are at greater risk for sexual abuse (Finkelhor, 1997).

## **2. Disabilities**

Children with physical, cognitive, and emotional disabilities appear to experience higher rates of maltreatment than do other children. A national study, completed in 1993, found that children with disabilities were 1.7 times more likely to be maltreated than children without disabilities (Crosse et al, 2000). To date, the full degree to which disabilities precede or are a result of maltreatment is unclear.

In general, children who are perceived by their parents as “different” or who have special needs - including children with disabilities, as well as children with chronic illnesses or children with difficult temperaments - may be at greater risk of maltreatment (Rycus, 1998). The demands of caring for these children may overwhelm their parents. Disruptions may occur in the bonding or attachment processes, particularly if children are unresponsive to affection or if children are separated by frequent hospitalizations (Ammerman et al, 1996). Children with disabilities also may

be vulnerable to repeated maltreatment because they may not understand that the abusive behaviours are inappropriate, and they may be unable to escape or defend themselves in abusive situations (Steinberg et al, 1998). Some researchers and advocates have suggested that some societal attitudes, practices, and beliefs that devalue and depersonalize children with disabilities sanction abusive behaviour and contribute to their higher risk of maltreatment (Steingberg et al, 1998). For instance, there may be greater tolerance of a caregiver verbally berating or physically responding to a disabled child's inability to accomplish a task or act in an expected way than there would be if similar behaviour was directed at a normally abled child.

### **3. Other Child Characteristics**

While some studies suggest that infants born prematurely or with low birth-weight may be at increased risk for maltreatment, other studies do not (Chalk and King, 1998). The relationship between low birth-weight and maltreatment may be attributable to higher maternal stress heightened by high caregiver demands, but it also may be related to poor parental education about low birth-weight, lack of accessible prenatal care, and other factors, such as substance abuse or domestic violence (NRC, 1993).

Child factors such as aggression, attention deficits, difficult temperaments, and behaviour problems - or the parental perceptions of such problems - have been associated with increased risk for all types of child maltreatment (Black et al, 2001). These factors may contribute indirectly to child maltreatment when interacting with certain parental characteristics, such as poor coping skills, poor ability to empathize with the child, or difficulty controlling emotions. In addition, these same child

characteristics may be reinforced by the maltreatment (e.g., a physically abused child may develop aggressive behaviours that elicit harsh reactions from others) and create conditions that can lead to recurring maltreatment (NRC, 1993).

#### **2.2.4 Environmental Factors**

Environmental factors are often found in combination with parent, family, and child factors, as highlighted in previous sections of this chapter. Environmental factors include poverty and unemployment, social isolation, and community characteristics. It is important to reiterate that most parents or caregivers who live in these types of environments are not abusive.

##### **1. Poverty and Unemployment**

Poverty and unemployment show strong associations with child maltreatment, particularly neglect (Drake and Pandey, 1996). The NIS-3 study, for example, found that children from families with annual incomes below \$15,000 in 1993 were more than 22 times more likely to be harmed by child abuse and neglect as compared to children from families with annual incomes above \$30,000 (Sedlack and Broadhurst, 1996). It is important to underscore that most poor people do not maltreat their children. However, poverty - particularly when interacting with other risk factors such as depression, substance abuse, and social isolation - can increase the likelihood of maltreatment. In 1999, 85 percent of States identified poverty and substance abuse as the top two problems challenging families reported to child protective service (CPS) agencies (NCCANI, 2002).

Rod Plotnik, emeritus professor, Department of Psychology, San Diego State University, describes several theories related to the association between poverty and maltreatment, all of which may hold some truth. One theory is that low income creates greater family stress, which, in turn, leads to higher chances of maltreatment. A second theory is that parents with low incomes, despite good intentions, may be unable to provide adequate care while raising children in high-risk neighbourhoods with unsafe or crowded housing and inadequate day care. A third theory is that some other characteristics may make parents more likely to be both poor and abusive. For example, a parent may have a substance abuse problem that impedes the parent's ability to obtain and maintain a job, which also may contribute to abusive behaviour. A final theory is that poor families may experience maltreatment at rates similar to other families, but that maltreatment in poor families is reported to CPS more frequently, in part because they have more contact with and are under greater scrutiny from individuals who are legally mandated to report suspected child maltreatment (Plotnik, 2000).

## **2. Social Isolation and Social Support**

Some studies indicate that compared to other parents, parents who maltreat their children report experiencing greater isolation, more loneliness, and less social support (Williamson, 1991). Social isolation may contribute to maltreatment because parents have less material and emotional support, do not have positive parenting role models, and feel less pressure to conform to conventional standards of parenting behaviours (Harrington et al, 1999). It is not clear, however, whether social

isolation in some cases precedes and serves as a contributing factor to maltreatment or whether it is a consequence of the behavioural dynamics of maltreatment (Chalk and King, 1998).

### **3. Violent Communities**

Children living in dangerous neighbourhoods have been found to be at higher risk than children from safer neighbourhoods for severe neglect and physical abuse, as well as child sexual victimization (Cicchetti et al, 1997). Some risk may be associated with the poverty found in dangerous neighbourhoods, however, concerns remain that violence may seem an acceptable response or behaviour to individuals who witness it more frequently.

Societal attitudes and the promotion of violence in cultural norms and the media have been suggested as risk factors for physical abuse (Garbarino, 1980). In addition, while the research is controversial, some studies show a positive relationship between televised violence and aggressive behaviours, particularly for individuals who watch substantial amounts of television (Jason et al, 1999)

#### **2.2.5 Protective Factors**

Just as there are factors that place families at risk for maltreating their children, there are other factors that may protect them from vulnerabilities - factors that promote resilience. In general, research has found that supportive, emotionally satisfying relationships with a network of relatives or friends can help minimize the risk of parents maltreating children, especially during stressful life events (Quinton et al, 1988). For example, parents who were abused as children are less likely to abuse their own children if they have resolved internal conflicts and pain related to their history of

abuse and if they have an intact, stable, supportive, and non abusive relationship with their partner (Egeland et al, 1988). Additionally, programs on marriage education and enhancement may provide a roadmap of expected challenges such as the birth of the first child, parenting adolescents, and common gender differences which may act as a protective factor by strengthening families (Stanley et al, 2002).

### **2.3 Consequences of Child Abuse**

The consequences of child maltreatment can be profound and may endure long after the abuse or neglect occurs. The effects can appear in childhood, adolescence, or adulthood, and may affect various aspects of an individual's development (e.g., physical, cognitive, psychological, and behavioral). These effects range in consequence from minor physical injuries, low self-esteem, attention disorders, and poor peer relations to severe brain damage, extremely violent behavior, and death (NRC, 1993).

While substantial evidence exists for the negative consequences of maltreatment, practitioners should be aware of the limitations of current research. First, many research efforts have studied the effects of child maltreatment among individuals from lower socioeconomic backgrounds, prison populations, mental health patients, or other clinical populations who may exhibit the most serious behavior problems and whose families often have had many other problems (e.g., poverty, parental substance abuse, domestic violence). Further, many early studies examining consequences did not compare outcomes among maltreated individuals with outcomes among individuals who had not experienced maltreatment. In addition, studies often rely on official records or self-reporting of

current or past child maltreatment, both of which may undercount the true prevalence of maltreatment. Finally, the nature and extent of maltreatment are different for each child and family, and these differences may influence the consequences.

Despite the above challenges, it is still possible to identify effects that have been more commonly associated with individuals who have experienced abuse and neglect. These effects are discussed in the sections that follow as they relate to three overlapping areas:

- Health and physical effects
- Intellectual and cognitive development
- Emotional, psychological, and behavioural consequences

While maltreated children have a higher risk of certain problems, it cannot be concluded that any given consequence will always occur. Not all children who have been maltreated will suffer severe consequences. A number of factors may influence the effects of maltreatment, including the child's age and developmental status at the time of the maltreatment, as well as the type, the frequency, the duration, and the severity of the maltreatment and co-occurring problems (Gelles, 1998). In addition, research has identified certain protective factors that mediate the effects of maltreatment. These protective factors and a child's resilience to negative consequences are addressed later in this research.

### **2.3.1 Health and Physical Effects**

Health and physical effects can include the immediate effects of bruises, burns, lacerations, and broken bones and also longer-term effects of brain damage, haemorrhages, and permanent disabilities. Negative effects on physical development can result from physical trauma (e.g., blows to the head or body, violent shaking, scalding with hot water, or asphyxiation) and from neglect (e.g., inadequate nutrition, lack of adequate motor stimulation, or withholding medical treatments). Specific physical effects as they relate to the early brain development of infants are highlighted in the following sections, along with some general health problems associated with maltreatment.

#### **1. Physical Effects on Infants**

Infants and young children are particularly vulnerable to the physical effects of maltreatment. Shaking an infant may result in bruising, bleeding, and swelling in the brain. The health consequences of “shaken baby syndrome” can range from vomiting or irritability to more severe effects such as respiratory distress, seizures, and death (Conway, 1998). Other possible consequences include partial loss of vision or blindness, learning disabilities, mental retardation, cerebral palsy, or paralysis (Conway, 1998).

Infants who have been neglected and malnourished may experience a condition known as “nonorganic failure to thrive”. With this condition, the child's weight, height and motor development fall significantly below age-appropriate ranges with no medical or organic cause. The death of the child is the end result in extreme cases. Nonorganic failure to thrive can result in continued growth retardation as well as cognitive and psychological problems (Wallace, 1996). Even with treatment,

the longterm consequences can include continued growth problems, diminished cognitive abilities, retardation, and socio-emotional deficits such as poor impulse control.

## **2. Effects on Brain Development**

Over the last decade, researchers have enhanced the field's understanding of the adverse effects of maltreatment on early brain development. Recent brain research has established a foundation for the neurobiological explanations for many of the physical, cognitive, social, and emotional difficulties exhibited by children who experienced maltreatment in their early years.

One explanation begins with the link between chronic physical abuse, sexual abuse, or neglect and the chronic stress it typically causes in a young child. In reaction to this persistent stress associated with ongoing maltreatment, the child's brain may strengthen the pathways among neurons that are involved in the fear response. As a result, the brain may become “wired” to experience the world as hostile and uncaring.

This negative perspective may influence the child's later interactions, prompting the child to become anxious and overly aggressive or withdrawn (Perry et al, 1995).

Research shows that maltreatment also may inhibit the appropriate development of certain regions of the brain. A neglected infant or young child, for example, may not be exposed to stimuli that would activate important regions of the brain and strengthen cognitive pathways. Consequently, the connections among neurons in these inactivated regions can literally wither away, hampering the individual's later functioning. If the regions responsible for emotional regulation are not activated, the child may have trouble controlling his or her emotions and behaving or interacting appropriately

(e.g., impulsive behaviour, difficulties in social interactions, or a lack of empathy) (Greenough et al, 1987).

### **3. Other Health Related Problem**

Maltreatment may affect an individual's health in a number of direct and indirect ways. Victims of sexual abuse, for example, may become infected with sexually transmitted diseases including syphilis and human immunodeficiency virus (HIV). Studies have found that women who had experienced sexual abuse were more likely to experience ongoing health problems such as chronic pelvic pain and other gynaecologic problems, gastrointestinal problems, headaches, and obesity (Moeller et al, 1993). Recent research suggests that adults who were maltreated as children show higher levels of many health problems not typically associated with abuse and neglect - heart disease, cancer, chronic lung disease, and liver disease (Felitti et al, 1988). The link between maltreatment and these diseases may be depression, which can influence the immune system and may lead to higher risk behaviours such as smoking, alcohol and drug use, and overeating (Felitti et al, 1998).

#### **2.3.2 Intellectual and Cognitive Development**

Current research differs on findings related to the consequences of maltreatment on cognitive development, verbal abilities, and problem-solving skills. Some studies find evidence of lowered intellectual and cognitive functioning in abused children as compared to children who had not been abused and other studies find no differences (Allen and Oliver, 1982).

Research has consistently found that maltreatment increases the risk of lower academic achievement and problematic school performance (Kelley et al, 1997). Abused and neglected children in these studies received lower grades and test scores than did non maltreated children.

### **2.3.3 Emotional, Psychosocial and Behavioural Consequences**

All types of maltreatment - physical abuse, sexual abuse, neglect, and psychological or emotional maltreatment - can affect a child's emotional and psychological wellbeing and lead to behavioural problems. These consequences may appear immediately after the maltreatment or years later.

#### **1. Emotional and Psychological Consequence**

While there is no single set of behaviours that is characteristic of all children who have been abused and neglected, the presence of emotional and psychological problems among many maltreated children is well documented. Clinicians and researchers report behaviours that range from passive and withdrawn to active and aggressive (Egeland, 1993). Physically and sexually abused children often exhibit both internalizing and externalizing problems (Trickett et al, 1995). Emotional and psychosocial problems identified among individuals who were maltreated as children include:

- Low self-esteem
- Depression and anxiety
- Post-traumatic stress disorder (PTSD)
- Attachment difficulties
- Eating disorders

- Poor peer relations
- Self-injurious behaviour (e.g., suicide attempts) (Tricket et al, 1993)

Maltreated children who developed insecure attachments to caregivers may become more mistrustful of others and less ready to learn from adults. They also may experience difficulties in understanding the emotions of others, regulating their own emotions, and in forming and maintaining relationships with peers (Morrison et al, 1999).

## **2. Violence, Substance Abuse and Other Problem Behaviours**

Individuals victimized by child maltreatment are more likely than people who were not maltreated to engage in juvenile delinquency, adult criminality, and violent behaviour (Widom, 1992). A study sponsored by the National Institute of Justice followed cases from childhood through adulthood and compared arrest records of a group of substantiated cases of maltreatment with a comparison group composed of individuals who were not officially recorded as maltreated. While most members of both groups had no juvenile or adult criminal records, being abused or neglected as a child increased the likelihood of arrest as a juvenile by 53 percent and as a young adult by 38 percent (Widom, 1992). Physically abused children were the most likely of maltreated children to be arrested later for violent crime, followed closely by neglected children.

Other studies also have found maltreated children to be at increased risk (at least 25 percent more likely) for a variety of adolescent problem behaviours, including delinquency, teen pregnancy, drug use, low academic achievement, and mental health problems (Kelley et al, 1997). It must be

underscored, however, that while the risk is higher, most abused and neglected children will not become delinquent, experience adolescent problem behaviours, or become involved in violent crime.

Research also suggests a relationship between child maltreatment and later substance abuse (Dembo et al, 1997). In addition to being a risk factor, child maltreatment, particularly sexual abuse, may be a precursor of substance abuse (USDHHS, 1999).

#### **2.3.4 Resilience**

Not every child who is maltreated will experience the negative consequences discussed above. “Protective factors” that appear to mediate or serve as a “buffer” against the effects of the negative experiences may include:

- Personal characteristics, such as optimism, high self-esteem, high intelligence, or a sense of hopefulness (Heller et al, 1999).
- Social support and relationships with a supportive adult(s) (Egeland, 1993).

The finding that the seriousness of negative effects experienced by victims can be influenced by the availability of support from parents, relatives, professionals, and others has important implications for prevention and early intervention, discussed later in this research.

Studies have documented the link between abuse and neglect of children and a range of physical, emotional, psychological, and behavioural problems. In addition to the tragic consequences endured by the children who have been maltreated, society pays a high monetary cost for child maltreatment. The costs for child maltreatment include both direct costs (i.e., those associated with the immediate

needs of abused and neglected children) and indirect costs (i.e., those associated with the longer term and secondary effects of child maltreatment). Since some maltreatment goes unrecognized and it is difficult to link costs to specific incidents, it is not possible to determine the actual cost of child abuse and neglect.

## **2.4 What Can Be Done to Prevent Child Abuse and Neglect**

The seriousness of the effects of maltreatment underscores the importance for professionals, along with concerned community members, to help prevent child maltreatment. To break the cycle of maltreatment, communities across the country must continue to develop and implement strategies that prevent abuse or neglect from happening. While experts agree that the causes of child abuse and neglect are complex, it is possible to develop prevention initiatives that address known risk factors. This chapter provides an overview of prevention as a strategy, differentiates the various types of prevention activities, describes major prevention program models, and presents the roles of various sectors in prevention efforts.

### **2.4.1 Prevention as a Strategy**

Prevention efforts most commonly occur before a problem develops so that the problem itself, or some manifestation of the problem, can be stopped or lessened (Willis et al, 1992). Child abuse and neglect prevention covers a broad spectrum of services - such as public awareness, parent education, and home visitation - for audiences ranging from the general public to individuals who have abused or neglected a child. Community groups, social services agencies, schools, and other concerned citizens may provide these services. Typically, prevention activities attempt to deter predictable

problems, protect existing states of health, and promote desired life objectives (Bloom, 1996). More specifically, family support services, a major component of child abuse prevention, are designed to strengthen and stabilize families, increase parental abilities, provide a safe and stable family environment, and enhance child development (CWLA, 1989).

To prevent child abuse and neglect, programs may focus on one or several risk factors discussed in 2.2, “Factors That Contribute to Child Abuse and Neglect” For example, prevention programs may include:

- Substance abuse treatment programs for women with children;
- Respite care programs for families with children who have disabilities;
- Parent education programs and support groups for families affected by domestic violence.

Many prevention programs also focus efforts on strengthening child and family protective factors such as the knowledge and skills children need to help protect themselves from sexual abuse, the promotion of positive interactions between children and parents, and the knowledge and skills parents need to raise healthy, happy children.

#### **2.4.2 Types of Prevention Activities**

Child abuse and neglect prevention activities generally occur at three basic levels:

- Primary, or universal, prevention activities are directed at the general population with the goal of stopping the occurrence of maltreatment before it starts.

- Secondary, or selective, prevention activities focus on families at high risk of maltreatment to alleviate conditions associated with the problem.
- Tertiary, or indicated, prevention activities direct services to families where maltreatment has occurred to reduce the negative consequences of the maltreatment and to prevent its recurrence.

### **1. Primary or Universal Prevention**

Primary prevention includes activities or services available to the general public. Frequently such activities aim to raise awareness among community members, the public, service providers, and decision-makers about the scope and problems associated with child maltreatment. For example:

- Public awareness campaigns informing citizens how and where to report suspected child abuse and neglect;
- Public service announcements on the radio or television encouraging parents to use nonviolent forms of discipline.

These types of programs are particularly popular during April, which is designated by presidential proclamation as Child Abuse Prevention Month. Other primary prevention efforts focus on support services available to the general population, such as paediatric care for all children, childcare, or parent education classes.

## **2. Secondary or Selective Prevention**

Secondary prevention activities focus efforts and resources on children and families known to be at higher risk for maltreatment. Several risk factors such as substance abuse, young maternal age, developmental disabilities, and poverty are associated with child maltreatment. Programs may direct services to communities or neighbourhoods that have a high incidence of one or several risk factors.

Examples of secondary prevention programs include the following:

- Parent education programs located in high schools for teen mothers;
- Substance abuse treatment programs for parents with young children;
- Respite care for families who have children with special needs;
- Family resource centres offering information and referral services to families living in low-income neighbourhoods.

Family support activities that are available to individuals identified as at risk or community members in a high-risk neighbourhood also are considered secondary prevention. For example, local hospitals or community organizations may offer prenatal care and parenting classes to new or expectant parents. Local agencies may provide home visitation services for at risk families with infants and young children. Family support services are intended to assist parents in creating safe home environments and fostering healthy children.

### **3. Tertiary or Indicated Prevention**

Tertiary prevention activities focus efforts on families in which maltreatment has already occurred. The goal of these programs is to prevent maltreatment from recurring and to reduce the negative consequences associated with maltreatment (e.g., social-emotional problems in children, lower academic achievement, decreased family functioning). These prevention programs may include services such as:

- Intensive family preservation services with trained mental health counsellors available to families 24 hours per day for several weeks;
- Parent mentor programs with stable, non abusive families acting as “role models” and providing support to families in crisis;
- Mental health services for children and families affected by maltreatment to improve family communication and functioning.

A combination of primary, secondary and tertiary prevention services are necessary for any community to provide a full continuum of services to deter the devastating effects of child maltreatment.

#### **2.4.3 Major Prevention Program Models**

Many popular prevention programs are patterned after one of four models:

- Public awareness activities
- Parent education programs

- Skills-based curricula for children
- Home visitation programs

### **1. Public Awareness Activities**

Public awareness activities are an important part of an overall approach to addressing child abuse and neglect. The purpose of public awareness activities is to raise community awareness of child abuse and neglect as a public issue and to provide the public with information about available resources and solutions. Such activities have the potential to reach diverse community audiences: parents and prospective parents, children, and community members, including professionals, who are critical to the identification and reporting of abuse.

In designing prevention education and public information activities, national, State, and local organizations use a variety of media to promote these activities, including:

- Public service announcements
- Press releases
- Posters
- Information kits and brochures
- Television or video documentaries and dramas

Through these media, communities are able to promote support for healthy parenting practices, child safety skills, and protocols for reporting suspected maltreatment.

## **2. Parent Education Programs**

Parent education programs focus on enhancing parental competencies and promoting healthy parenting practices and typically target teen and highly stressed parents. Some of these programs are led by professionals or paraprofessionals, while others are facilitated by parents who provide mutual support and discuss personal experiences. These programs address issues such as:

- Developing and practicing positive discipline techniques;
- Learning age-appropriate child development skills and milestones;
- Promoting positive play between parents and children;
- Locating and accessing community services and supports.

Parent education programs are designed and structured differently, usually depending on the curriculum being used and the target audience. Programs may be short-term (i.e., those offering classes once a week for 6 to 12 weeks) or they may be more intensive (i.e., those offering services more than once a week and for up to 1 year). Popular parent education programs include:

- Parents as Teachers - visit [www.patnc.org](http://www.patnc.org) for more information;
- Every Person Influences Children (EPIC) - visit [www.epicforchildren.org](http://www.epicforchildren.org) for more information;
- The Nurturing Parenting Program - visit [www.nurturingparenting.com](http://www.nurturingparenting.com) for more information.

In addition to parent education programs, mutual support groups also may strengthen families and help prevent child maltreatment. For example, Parents Anonymous affiliates work within their communities and States to provide support and resources to overwhelmed families struggling to cope with everyday stresses and strains.

### **3. Skills - Based Curricula for Children**

Many schools and local community social service organizations offer skills-based curricula to teach children safety and protection skills. Most of these programs focus efforts on preventing child sexual abuse and teaching children to distinguish appropriate touching from inappropriate touching. Many curricula have a parent education component to give parents and other caregivers the knowledge and skills necessary to recognize and discuss sexual abuse with their children. Curricula may use various methods to teach children skills including:

- Workshops and school lessons
- Puppet shows and role-playing activities
- Films and videos
- Workbooks, storybooks, and comics

Examples of skills-based curricula include programs such as Talk about Touching, Safe Child, Reach, Recovery, Challenge, Good Touch/Bad Touch, Kids on the Block, and Illusion theatre.

#### **4. Home Visitation Programs**

Home visitation programs that emphasize the health and well-being of children and families have existed in the United States since the late 19th century. Organizations and agencies in fields as varied as education, maternal and child health, and health and human services, use home visitation programs to help strengthen families. Home visitation programs offer a variety of family-focused services to pregnant mothers and families with newborns. Activities encompass structured visits in the family's home, informal visits, and telephone calls. Topics addressed through these programs often include:

- Positive parenting practices and nonviolent discipline techniques;
- Child development;
- Maternal and child health issues;
- Accessing available social services;
- Establishing social supports and networks;
- Learning to advocate for oneself, one's child, and one's family;
- Preventing accidental childhood injuries through the development of a safe home environment.

Recent evaluations suggest that both short and long-term positive outcomes may occur for mothers and children receiving home visitation services. During a two-year period, nurses provided home visitation services to a group of poor, unmarried, teen mothers in Elmira, New York. Only 4 percent

of the nurse-visited families had verified reports of child abuse and neglect compared to 19 percent of the families who did not receive home visits by nurses (Olds et al, 1986). A follow-up study further supported these positive results: the number of verified reports of child maltreatment for the nurse-visited group of mothers was nearly half that of mothers who did not receive home visitation services during the next 15 years (Eckenrode, 2000). Additional positive outcomes among nurse-visited mothers included lower levels of smoking, fewer and better-spaced subsequent pregnancies, and more months working, as well as fewer emergency room visits by children for injuries. Several studies of home visitation programs using nonmedical professionals also showed a significantly lower number of verified maltreatment reports for home-visited mothers (McCurdy 2000).

#### **2.4.4 Role of Various Entities in Prevention Efforts**

Prevention programs typically are administered through specific entities, based on an area of interest or professional expertise. Increasingly, health care providers, community organizations, social services agencies, schools, the faith community, and employers are becoming involved in the wellbeing of children and families. All members of the community are working together to prevent child maltreatment and ensure the health and safety of children and families. The following sections describe how these organizations are providing prevention services to strengthen and support families.

##### **1. Health Care Providers**

Health care providers are in a unique position to assist in the prevention of child maltreatment. These professionals have routine access to children and families by providing regular appointments,

immunizations, and interventions to common illnesses. Activities that promote the health of children and their parents and contribute to the prevention of child maltreatment include:

- Prenatal health care that improves pregnancy outcomes and health among new mothers and infants;
- Early childhood health care that supports normal development and the health of young children;
- Family-centered birthing and perinatal coaching that strengthens early attachment between parents and their children;
- Home health visitation that provides support, education, and community linkages for new parents;
- Support programs that assist parents of children with special health and developmental problems.

Primary care providers emphasize the prevention of disease and the promotion of health and well-being. With this foundation, they have a natural role in the prevention of child abuse and neglect.

## **2. Community – Based Organisations**

Many community organizations offer a wide range of services for children and families. Boys and Girls Clubs, scouting troops, and local YMCA/YWCAs provide social and recreational opportunities for children and families. Community centres, food banks, emergency assistance programs, and shelters offer various family support services to increase family resources and decrease stress.

Exchange Clubs, fraternal organizations, advocacy groups, and ethnic, cultural, and religious organizations also support child maltreatment prevention activities.

Specific examples of prevention activities found within community-based organizations include:

- Self-help and mutual aid groups that provide non-judgmental support and assistance to troubled families;
- Natural support networks that provide families with informal helpers and community resources;
- Child and respite care programs that reduce the stress parents experience and provide positive modelling for parents and children.

Many grassroots efforts develop dynamic partnerships of professionals, businesses, faith-based organizations, concerned citizens, and other groups interested in creating prevention efforts that address the needs of their community.

### **3. Social Services Agencies**

Increasingly, social service agencies and professionals are expanding their focus to include programs that prevent family problems from escalating to abuse or neglect. Effective social service initiatives for strengthening families and preventing child maltreatment include:

- Parent education services, which help parents to develop adequate childrearing knowledge and skills;

- Parent aide programs, which provide supportive, one-on-one relationships for parents;
- Crisis and emergency services, which support parents and children at times of exceptional stress or crisis;
- Treatment for abused children, which prevents an intergenerational repetition of family violence.

As State and local social service agencies examine new ways of “doing business”, many are pooling resources to provide more prevention services.

#### **4. Schools**

With increased public and professional attention on the serious social problems affecting children and adolescents, schools have become the focus for many new prevention efforts including:

- Comprehensive, integrated prevention curricula to provide children with the skills, knowledge, and information necessary to cope successfully with the challenges of childhood and adolescence;
- Personal safety programs;
- Support programs for children with special needs to help reduce the stress on families with a child with disabilities.

Since most children attend public or private schools, school-based prevention activities have the potential to reach the majority of U.S. children.

## **5. Faith Community**

Religious institutions are among the most influential organizations in many communities. Churches, temples, synagogues, mosques, and other faith-based groups play an important role in reaching out to and helping families at risk. Spiritual leaders can use their religious messages as a positive force in preventing child abuse and neglect and advocating non abusive parenting practices. Faith communities frequently foster and offer important social supports to families (NCCANI, 2002). Empirical studies suggest a significant relationship between an individual's participation in faith practices and physical and mental well-being (Aldridge, 1991). Improved social supports and enhanced well-being can help strengthen families and act as protective factors. Faith communities can participate in prevention efforts through activities such as:

- Training religious and lay leaders to recognize the signs and symptoms of child maltreatment;
- Sponsoring or allowing self-help, parent education, and support groups to meet at their facilities;
- Offering respite care for congregation members in need of short-term relief from caregiving responsibilities;
- Collecting clothes and baby care products (e.g., diapers, car seats) for new parents;
- Sponsoring after school programs and safety training for latchkey children;
- Organizing mentoring programs that pair responsible adults with children;

- Disseminating information on child development, parental stress, and community resources for parents;
- Offering special outreach and education programs for parents and students associated with parochial schools.

## **6. Employers**

As the number of parents working outside the home continues to grow, the need increases for workplace policies that support family functioning and promote the prevention of child maltreatment.

Family-focused initiatives for the workplace include:

- Flexible work schedules and other “family friendly” policies that help employees to balance the demands of their work and parental commitments;
- Parental leave policies that reduce stress on new parents and help facilitate positive attachments between parents and their infants;
- Employer-supported child care;
- Family-oriented policies that support healthy and humane working conditions and ensure adequate family income;
- Employee assistance programs that can provide information on reducing stress.

For all working parents, a supportive work environment can help ease the stress of the dual responsibilities of work and family. For some already vulnerable parents, a supportive work climate may prevent family dysfunction, breakdown, abuse, and neglect (NCCANI).

## 2.7 Empirical Reviews

Many studies maintain that the negative effects of abuse on children continue not only at the time they experience abuse but throughout their lives (Banyard & Williams, 2017; Fassler et al., 2015; Griffin & Amodeo, 2010; Bulut, 2017). Abused children may experience emotional stress related psychological symptoms such as fear, anxiety, nightmares, phobias, depression, guilt, low self-esteem, anger and hostility, eating disorders and substance abuse, anti-social behaviors, sexual incompatibility, low sympathy and empathy skills, attachment problems, suicidal behavior, periods of amnesia, physical symptoms, somatoform symptoms, and reactions associated with dissociative identity disorder in some cases (Ovayolu et al., 2007).

Therefore, to protect their children from abuse, parents need to know what abuse is, its symptoms, and its effects on their children (Adalı, 2017). First of all, it must be determined how aware parents are of what abuse is and how they define it, and families should be guided accordingly. In order to eliminate abuse, it is important to identify families' awareness levels of neglect and abuse. However, to make this identification, a comprehensive, valid, and reliable measurement tool is needed. With the help of a measurement tool, the awareness levels of families about child neglect and abuse, about what should be done to prevent this abuse, what the duties and responsibilities of the related institutions are can easily be determined and, in this way, the development of intervention programs and the planning of training sessions can be facilitated.

This study aims to develop an awareness scale for parents about child neglect and abuse. Children are neglected and abused mostly by their immediate environment. For this reason, the family is

particularly important in preventing and identifying abuse (Özer, 2014). When the studies aimed at determining awareness about child neglect and abuse are reviewed in detail, it is seen that although not enough, there are awareness scales especially catered to the occupational groups that play an important role in determining child neglect and abuse such as doctors (Demir, 2013), dentists (Kural-Dıraz, 2014), nurses (Uncu, 2013), social service staff (Osan, 2019), police officers (Sarı, 2010), teachers (Sarıbaşı, 2013) and other staff of the school (Akgül, 2015). However, as it is known, families have a very important place in determining child neglect and abuse. Due to the lack of an awareness scale for parents, their awareness levels cannot be determined and thus, counseling and guidance studies for parents cannot be conducted.

Therefore, in this study, it is thought that developing a scale that determines child neglect and abuse awareness of parents, examining this awareness in terms of variables, identifying the deficiencies of parents, and organizing education programs and supporting studies to increase the awareness of the parents will contribute to the field. The study aims to develop a child neglect and abuse awareness scale for parents and to examine the awareness of parents of early childhood children according to gender, age, educational level, and income status. Many studies have found relationships between child neglect and abuse and variables such as gender, age, educational status, income status (Uslu et al., 2010; Sarı, 2010; Kappa & Chan, 2011); in some studies, it was found out that these characteristics of the parents posed a risk (Polat, 2007; Crosson-Tower, 2005). In this study, it was investigated whether there was a statistically significant difference between the parents' gender, age, educational status, and income status.

## **2.8 Theoretical Framework**

### **2.6.1 Attachment Theory**

Bowlby (1991) hypothesized the theory of attachment and defined the concept of attachment as “any form of behavior that results in a person attaining or maintaining proximity to some other differentiated and preferred individual, usually conceived as stronger and/or wiser”. Ainsworth, Blehar, Waters & Wall (2018) expanded Bowlby’s (2013) definition of attachment and identified, as well as categorized, different types of behavioral attachment styles. These attachment styles include 1) secure attachment, 2) insecure-avoidant attachment, 3) insecure ambivalent attachment, and 4) disorganized-disoriented attachment (Ainsworth et al., 2018; Main & Solomon, 2016). In a secure relationship, the parent or caregiver is attentive to the needs of the child. According to Tarabulsky, G.M., Pascuzzo, Moss, St.-Laurent, Bernier, Cyr & Dubois-Comtois (2018), “a secure child who has received consistent, sensitive, and attentive care is able to strike a balance between autonomous exploration of his or her own environment and dependency” (p. 323). Second, in insecure-avoidant relationships, the child physically and emotionally avoids the parent or caregiver and does not rely on the parent or caregiver to help manage distress. Third, an insecure -ambivalent child “demonstrates resistance and behavioral conflict with the parent or excessive immaturity as a way of attracting and maintaining the caregiver’s attention and monitoring skills” (Tarabulsky et al., 2018, p. 323). The fourth attachment style, disorganized-disoriented, includes children who cannot depend on the parent or caregiver for comfort and protection. The parent or caregiver of a disorganized-

disoriented child demonstrates atypical responses to infant signals and behaves in a frightening manner when near a child (Tarabulsky et al., 2018).

### **2.6.2 Social Learning Theory and the Intergenerational Transmission of Violence**

Social learning theory is based on the idea that an individual learns through modeling, observation, and cognitive processes (Bandura, 1977). According to social learning theory, crime and criminal behavior is learned (Akers, 1973). When examining child maltreatment specifically, social learning theory posits that abusive behavior can be learned (Daigle & Muftić, 2016). According to social learning theory, parents and caregivers who abuse or neglect their children do so because they experienced or witnessed abuse or neglect at a young age (Daigle & Muftić, 2016). Indeed, Widom (2019a) suggested that “there is a higher likelihood of abuse by parents if the parents were themselves abused as children” (p.160). The intergenerational transmission of violence, or the cycle of violence, is premised on the principles of social learning theory. Widom (2019a) noted that the intergenerational transmission of violence refers to the “assumptions or hypotheses about the consequences of abuse and neglect in relation to a number of different outcomes” (p. 160).

In other words, children who are exposed to violence in childhood view violence as acceptable behavior. Widom (2019a) indicated that children who have been abused or neglected have a higher risk of becoming criminals, delinquents, and violent. Individuals with a history of child maltreatment were three times more likely to perpetrate child abuse (Milaniak & Widom, 2015). Nevertheless, it is important to note that Widom (2019b) did not indicate that every abused or neglected child will become criminal or violent. Intervention and recognition of child maltreatment can reduce the

chances of delinquency and criminal behavior in children who have experienced abuse and neglect (Widom & Maxfield, 2011). Widom (2019a) also noted that, “it is important to understand the potential protective factors that intervene in the child’s development and to compare the development of those who succumb and those who are ‘resilient’” (p. 165). Protective factors, such as high intelligence, demographic characteristics (e.g., being White or older), or mentorship may mitigate the effects of child maltreatment and future adult violence (Wright, Turanovic, O’Neal, Morse, & Booth, 2019).

### **2.6.3 General Strain Theory**

In terms of child maltreatment, the experience of abuse or neglect is seen as a severe strain, or negative experience, that may lead to delinquency (Agnew, 2013). More specifically, Agnew (2001) proposed that strains are seen as unjust, high in magnitude, associated with low social control, and create pressure to participate in criminal coping behaviors. Prior scholars (Iratzoqui, 2018; Watts & McNulty, 2013) have used the general strain theory framework to understand the impact of child abuse on delinquent behavior. Iratzoqui (2018) found that abused and neglected children were more likely to engage in substance abuse during adolescence. Watts and McNulty (2013) found individuals who experienced physical or sexual child abuse, particularly by a parent or caretaker, were more likely to engage in adolescent delinquency.

### **2.6.4 Self-Control Theory**

Gottfredson & Hirschi’s (2019) self-control theory can be applied to child maltreatment. According to Gottfredson and Hirschi (2019), low self-control is not indicated by socialization or a learned

behavior but by the “absence of nurturance, discipline, or training” (p. 95) from a parent or caretaker. Child maltreatment that occurs because of poor parenting can hinder the development of self-control in a child and, as a result, can possibly cause delinquency in adolescence and adulthood (Rebellon & Van Gundy, 2005). In essence, low self-control, caused by the experience of child abuse, can increase the likelihood of delinquency. Gottfredson and Hirschi (2019) established three minimum conditions that are necessary for proper parenting, which can affect an individual’s self-control: 1) nurturing a child (attachment), 2) watching a child (governance), and 3) acknowledging and punishing delinquent behavior (discipline; Gottfredson & Hirschi, 2019). Therefore, low self-control exhibited by delinquents may be partially the result of prior child maltreatment.

## **CHAPTER THREE**

### **RESEARCH METHODOLOGY**

#### **3.0 Introduction**

The purpose of this chapter is to provide a detailed explanation of the systematic and theoretical methods used by the researcher to investigate the factors responsible for child abuse and neglect in Egor Local Government Area of Edo State. The researcher employed a range of approaches to ensure the study was both comprehensive and robust, including a research design, research instrument, sampling frame, sampling size, method of data collection, method of data analysis, reliability and validity of research instruments, limitation of data analysis and ethical issues

#### **3.1 Research Design**

Research design described as a blue print that allows a researcher to provide solution to the problem under study, where to study and how to generate the data in the research situation; the study will adopt the survey method of research, using questionnaires as an instrument of data gathering. Surveys are most useful for collecting demographical data, for systematically quantifying the occurrence of observable objects and characteristics. The method involves drawing up a set of questions on various subjects or on various aspects to which selected members of a population are requested to respond. It was not possible to study every unit of the population under study. The researcher, therefore, employed the survey design which involves the collection of information from a sample of individuals through their responses to the questionnaire. It is a popular research design because of its versatility.

### **3.2 Population and Sampling**

The study population for the research comprised individuals residing in Egor Local Government Area, which has a total population of over five hundred and two thousand, seven hundred (502,700) people (Citypopulation.de, 2022). To select a representative sample, a stratified random sampling method was employed, and 150 respondents was chosen from the population of Egor Local Government Area in Edo State.

### **3.3 Instrumentation**

The instrument used for the data collection was the questionnaire which has 25 questions which covers the factors that is responsible for child abuse and neglect in Egor Local Government Area of Edo state Nigeria. Provision was also made for question which determined the demography of the respondent.

### **3.4 Validity and Reliability of Instrument**

The instrument used by the researcher for this study was subjected to validation. On the validation of the instrument used, the research's supervisor helped in evaluating the strength of the instrument in reassuring the variable involved in the instrument used, the researcher's help in evaluating the strength of the instrument in measuring the variables involved in the study.

Suggestions and corrections were made which were incorporated in improving the content and validity of the instrument. The final instrument was constructed in compliance to the supervisor's advice.

The reliability of the questionnaire will be assessed through test and re-test method. The questionnaires were administered to the appropriate families that were selected. After a period of two weeks the researcher re-administered the questionnaire to the same families, the correlation of the two scores was 0.01 from the high coefficient of stability it was concluded that the instrument was reliable.

### **3.5 Data Collection Method**

In a research study involving 150 respondents, the questionnaires were personally administered by the researcher to ensure the accuracy and completeness of the data collected. The researcher distributed the questionnaires to a diverse group of respondents, including parents, teens, teachers, law enforcement officers, students, health workers, and other individuals relevant to the research topic.

To ensure the highest quality of data, the researcher monitored the administration of the questionnaires closely and provided assistance to respondents who needed help in completing the questionnaire. All questionnaires were reviewed and checked for completeness and accuracy before being considered for analysis.

The researcher's dedication to ensuring that all questionnaires were duly completed by the respondents was reflected in the high-quality data collected, which was instrumental in drawing meaningful conclusions and insights for the research study.

### **3.6 Method of Data Analysis**

The method employed for the research was the simple statistical method such as the simple percentage to deduce the effective and interpret the further necessary discussions. When data are collected and put in numerical form they do not seem meaningful until they are summarized in tables, percentages grouped into frequencies and so on.

## **CHAPTER FOUR**

### **PRESENTATION AND ANALYSIS DATA**

#### **4.1 Introduction**

The aim of this chapter was to present, analyse the data and also to provide vital explanation to the result on obtained during the course of investigation. The following analysis is based on the data obtained from response to the questionnaire administered. All positive responses (that is strongly agree, agree) are in support of the question asked and are referred to as favourable responses and all negative responses and all negative responses (that is strongly disagree, disagree) indicated that they do not agree with the question and are generally referred to as unfavourable responses

#### **4.2 Presentation and Analysis of Demographic Data**

A total of one hundred and fifty (150) questionnaires were distributed among the people in Egor Local Government Area of Edo State. They were randomly selected from different communities, and was properly filled and returned. The response from the respondents were in pie chart showing the options, the decision made.

## Section A

**Table 4.2.1: Respondents personal data**

| <b>Items</b>             | <b>Options</b> | <b>Frequency</b> | <b>% of Response</b> |
|--------------------------|----------------|------------------|----------------------|
| <b>Gender</b>            | Male           | 68               | 45.3%                |
|                          | Female         | 82               | 54.7%                |
|                          | <b>Total</b>   | <b>150</b>       | <b>100%</b>          |
| <b>Age</b>               | 30yrs Below    | 44               | 29.3%                |
|                          | 31 – 35yrs     | 51               | 34%                  |
|                          | 36 - 40yrs     | 31               | 20.7%                |
|                          | 41 – 45yrs     | 13               | 8.7%                 |
|                          | 46yrs above    | 11               | 7.3%                 |
|                          | <b>Total</b>   | <b>150</b>       | <b>100%</b>          |
| <b>Marital Status</b>    | Single         | 69               | 46%                  |
|                          | Married        | 44               | 29.3%                |
|                          | Divorced       | 27               | 18%                  |
|                          | Widow (er)     | 10               | 6.7%                 |
|                          | <b>Total</b>   | <b>150</b>       | <b>100%</b>          |
| <b>Educational Level</b> | O' Level       | 94               | 62.7%                |
|                          | Undergraduate  | 39               | 26%                  |
|                          | Post-Graduate  | 17               | 11.3%                |
|                          | <b>Total</b>   | <b>150</b>       | <b>100%</b>          |
| <b>Religion</b>          | Christian      | 102              | 68%                  |
|                          | Muslim         | 23               | 15.3%                |
|                          | Others         | 25               | 16.7%                |
|                          | <b>Total</b>   | <b>150</b>       | <b>100%</b>          |

**Source:** Field survey 2023.

Table 4.2.1 shows that 45.3% of the respondents are male, while 54.7% are female. 29.3% of the respondents falls in the age of 30yrs below whereas 34% are from 31-35yrs, 20.7% are from 36-40yrs, 8.7% are from 41-45yrs, then 7.3% of the respondent are 46yrs above. Moreover, 46% of the respondents are single, 29.3% are married, 18% are divorced, then 6.7 are widow or widower. Also, 62.7% of the respondent's education level are O'level level, 26% are undergraduate level, 11% are

post-graduate level. While, 68% of the respondents are Christians 15.3% are Muslim, 16.7% are others.

### 4.3 Presentation and Analysis of the Items in the Research Objectives

#### Section B

**Table 4.3.1: Identify the factors that are responsible for child abuse and neglect among parents Egor Local Government Area of Edo State.**

| S/N | Items  | SA<br>%     | A<br>%      | SD<br>%     | D<br>%      | Total<br>%                |
|-----|--|-------------|-------------|-------------|-------------|---------------------------|
| 1   | Marital conflict and domestic violence contribute to child abuse and neglect   | 53<br>35.3% | 46<br>30.7% | 27<br>18%   | 24<br>16%   | <b>150</b><br><b>100%</b> |
| 2   | Family structure plays a role in child abuse and neglect                       | 46<br>30.6% | 56<br>37.3% | 34<br>22.7% | 14<br>9.3%  | <b>150</b><br><b>100%</b> |
| 3   | Parent and Child Interaction affects the likelihood of child abuse and neglect | 52<br>34.7% | 35<br>23.3% | 27<br>18%   | 36<br>24%   | <b>150</b><br><b>100%</b> |
| 4   | Disabilities within a family can contribute to child abuse and neglect         | 43<br>28.7% | 42<br>28%   | 36<br>24%   | 29<br>19.3% | <b>150</b><br><b>100%</b> |
| 5   | Poverty is a factor in child abuse and neglect                                 | 43<br>28.7% | 44<br>29.3% | 47<br>31.3% | 16<br>10.7% | <b>150</b><br><b>100%</b> |

**Source:** Field survey 2023.

Table 4.3.1 show that 35.3% of the respondents strongly agreed that marital conflict and domestic violence contribute to child abuse and neglect, while 30.7% agreed, 18% strongly disagreed and 16% disagreed. 30.6% of the respondents strongly agreed that family structure plays a role in child abuse and neglect, whereas 37.3% agreed, 22.7% strongly disagreed and 9.3% disagreed. 34.7% of the respondents strongly agreed that parent and child Interaction affects the likelihood of child abuse and neglect, however, 23.3% agreed, 18% strongly disagreed, 24% disagree. 28% of the respondents strongly agreed that disabilities within a family can contribute to child abuse and neglect however,

28% agreed, 24% strongly disagreed, 19.3% disagree. While 28.7% of the respondent strongly agreed that the poverty is a factor in child abuse and neglect, 29.3% agreed, 31.3% strongly disagreed, 10.7% disagreed.

**Table 4.3.2: Determine the consequences of child abuse and neglect in Egor Local Government Area of Edo State.**

| S/N | Items   | SA<br>%     | A<br>%      | SD<br>%     | D<br>%      | Total<br>%                 |
|-----|---|-------------|-------------|-------------|-------------|----------------------------|
| 1   | Child abuse and neglect can have serious health and physical effects on children                              | 50<br>33.3% | 59<br>39.3% | 18<br>12%   | 23<br>15.3% | <b>150</b><br><b>100%</b>  |
| 2   | Child abuse and neglect can negatively impact the brain development of children                               | 38<br>25.3% | 66<br>44%   | 23<br>15.3% | 23<br>15.3% | <b>150</b><br><b>100%</b>  |
| 3   | Child abuse and neglect can lead to significant behavioral consequences in children                           | 56<br>37.3% | 43<br>28.7% | 26<br>17.3% | 25<br>16.7% | <b>150</b><br><b>100%</b>  |
| 4   | Children who experience abuse and neglect may demonstrate reduced resilience in coping with life's challenges | 58<br>38.7% | 59<br>39.3% | 9<br>6%     | 24<br>16%   | <b>150</b><br><b>100%</b>  |
| 5   | Child abuse and neglect can lead to the influence bad associates.   | 52<br>34.7% | 26<br>17.3% | 45<br>30%   | 27<br>18%   | <b>150-</b><br><b>100%</b> |

**Source:** Field survey 2023.

Table 4.3.2 show that 33.3% of the respondents strongly agreed that child abuse and neglect can have serious health and physical effects on children, while 39.3% agreed, 12% strongly disagreed and 15.3% disagreed. 25.3% of the respondents strongly agreed that child abuse and neglect can negatively impact the brain development of children, whereas 44% agreed, 15.3% strongly disagreed and 15.3% disagreed. 37.3% of the respondents strongly agreed that child abuse and neglect can lead to significant behavioral consequences in children, however, 28.7% agreed, 17.3% strongly disagreed, 16.7% disagree. Also, 38.7% of the respondent strongly agreed that children who experience abuse and neglect may demonstrate reduced resilience in coping with life's challenges,

39.3% agreed, 6% strongly disagreed, 24% disagreed. While, 34.7% of the respondent strongly agreed that child abuse and neglect can lead to the influence bad associates, 17.3% agreed, 30% strongly disagreed, 18% disagreed.

**Table 4.3.3: Examine the factors that protect a child from risk of abuse or neglect in the study area.**

| S/N | Items   | SA<br>%     | A<br>%      | SD<br>%     | D<br>%      | Total<br>%                 |
|-----|---|-------------|-------------|-------------|-------------|----------------------------|
| 1   | Parent education programs are effective in reducing the risk of child abuse and neglect             | 48<br>32%   | 46<br>30.7% | 22<br>14.6% | 34<br>22.7% | <b>150</b><br><b>100%</b>  |
| 2   | Skills-Based curricula for children can protect them from the risk of abuse or neglect              | 26<br>17.3% | 55<br>36.7% | 33<br>22%   | 36<br>24%   | <b>150</b><br><b>100%</b>  |
| 3   | Do you believe that the government should allocate more resources to child abuse prevention efforts | 62<br>41.3% | 25<br>16.7% | 25<br>16.7% | 38<br>25.3% | <b>150</b><br><b>100%</b>  |
| 4   | Prevention as a strategy is effective in protecting children from abuse or neglect                  | 34<br>22.7% | 14<br>9.3%  | 46<br>30.6% | 56<br>37.3% | <b>150</b><br><b>100%</b>  |
| 5   | Public Awareness Activities help in preventing child abuse and neglect                              | 51<br>34%   | 48<br>32%   | 22<br>14.7% | 29<br>19.3% | <b>150-</b><br><b>100%</b> |

**Source:** Field survey 2023.

Table 4.3.3 show that 32% of the respondents strongly agreed that parent education programs are effective in reducing the risk of child abuse and neglect, while 30.7% agreed, 14.6% strongly disagreed and 22.7% disagreed. 17.3% of the respondents strongly agreed that skills-Based curricula for children can protect them from the risk of abuse or neglect, whereas 36.7% agreed, 22% strongly disagreed and 24% disagreed. 41.3% of the respondents strongly agreed that the government should allocate more resources to child abuse prevention efforts, however, 16.7% agreed, 16.7% strongly disagreed, 25.3% disagree. Also, 22.7% of the respondent strongly agreed that prevention as a strategy is effective in protecting children from abuse or neglect, 9.3% agreed, 30.6% strongly

disagreed, 37.3% disagreed. While, 34% of the respondent strongly agreed that public awareness activities help in preventing child abuse and neglect, 32% agreed, 14.7% strongly disagreed, 19.3% disagreed.

#### **4.4 Discussion of Findings**

In the first, which is table 4.3.1 indicates that a combined total of 66% of respondents (35.3% strongly agreed and 30.7% agreed) acknowledged that marital conflict and domestic violence contribute to child abuse and neglect. This indicates a strong awareness among the respondents regarding the impact of family disputes on children's well-being. However, a notable proportion (34%) disagreed to varying degrees, suggesting some diversity in perspectives within the community. Approximately 68% of the respondents (30.6% strongly agreed and 37.3% agreed) believed that family structure plays a role in child abuse and neglect. This suggests a common understanding that the family environment can influence child safety. On the other hand, a notable 32% disagreed to varying degrees, indicating that not everyone shares this perspective. 58% of the respondents (34.7% strongly agreed and 23.3% agreed) recognized the impact of parent and child interaction on the likelihood of child abuse and neglect. This highlights the acknowledgment of the importance of positive family dynamics. However, nearly 43% of the respondents expressed some level of disagreement, showing differing opinions within the community. A total of 56% of respondents (28% strongly agreed and 28% agreed) recognized that disabilities within a family can contribute to child abuse and neglect. This indicates an understanding of the additional challenges that families with disabilities may face. However, 43.3% expressed some level of disagreement, suggesting varying perspectives within the community. Over 57% of the respondents (28.7% strongly agreed

and 29.3% agreed) believed that poverty is a factor in child abuse and neglect. This emphasizes the widely held belief that economic hardships can contribute to child maltreatment. However, more than 42% expressed some level of disagreement, indicating diversity in opinions within the community.

More so, in table 4.3.2 which revealed that the majority of respondents (72.6%) acknowledged that child abuse and neglect can have serious health and physical effects on children. This demonstrates a strong awareness of the potential harm caused by such maltreatment. About 59.3% of respondents recognized that child abuse and neglect can negatively impact the brain development of children. This underscores the understanding of the long-term consequences of maltreatment on a child's cognitive development. A significant proportion (66%) acknowledged that child abuse and neglect can lead to significant behavioral consequences in children, emphasizing the awareness of the impact on behavior. Most respondents (77.7%) strongly agreed or agreed that children who experience abuse and neglect may demonstrate reduced resilience in coping with life's challenges. This indicates a recognition of the importance of resilience in child development. A significant number of respondents (51.3%) strongly agreed or agreed that child abuse and neglect can lead to the influence of bad associates, which suggests an awareness of the potential negative social consequences.

Lastly, in table 4.3.3 it was discovered that a total of 62.7% of respondents (32% strongly agreed and 30.7% agreed) believed that parent education programs are effective in reducing the risk of child abuse and neglect, indicating strong support for such programs. About 57% recognized that skills-based curricula for children can protect them from the risk of abuse or neglect, suggesting an

understanding of the importance of equipping children with protective skills. A majority of respondents (66%) believed that the government should allocate more resources to child abuse prevention efforts, emphasizing the importance of governmental support in tackling the issue. A lower percentage of respondents (31.3%) strongly agreed or agreed that prevention as a strategy is effective in protecting children from abuse or neglect, indicating some skepticism or lack of awareness regarding prevention strategies. A combined total of 66% of respondents (34% strongly agreed and 32% agreed) believed that public awareness activities help in preventing child abuse and neglect, indicating strong support for such initiatives.

## **CHAPTER FIVE**

### **SUMMARY OF FINDINGS, CONCLUSION AND RECOMMENDATIONS**

#### **5.1 Summary of Findings**

In summary, the findings suggest a notable level of awareness and recognition of the factors contributing to child abuse and neglect, the consequences of such maltreatment, and the importance of preventive measures. However, there is some diversity in perspectives, particularly in terms of preventive strategies, highlighting the need for comprehensive awareness campaigns and community education. The findings underscore the importance of continued efforts to prevent child abuse and protect children in the study area.

#### **5.2 Conclusion**

The findings of this study shed light on the community's understanding and perceptions of the factors contributing to child abuse and neglect, the consequences of such maltreatment, and the effectiveness of preventive measures in Egor Local Government Area of Edo State. These insights are crucial for developing targeted interventions and policies aimed at protecting children from harm and promoting their well-being.

The study revealed a significant level of awareness among the respondents regarding the factors that contribute to child abuse and neglect. A substantial proportion of the community recognized the detrimental impact of marital conflict, domestic violence, family structure, parent-child interaction, disabilities, and poverty on children's safety and well-being. This collective awareness indicates a readiness to address these issues and work toward protecting children within the community.

Moreover, the study highlighted a strong acknowledgment of the severe consequences of child abuse and neglect. Respondents demonstrated a clear understanding of how abuse and neglect can have long-lasting and far-reaching effects on children's health, physical well-being, brain development, behavior, and resilience. These findings underscore the importance of addressing child abuse and neglect as a critical public health concern.

The study also indicated that the community is generally supportive of various preventive measures. There is a strong endorsement of parent education programs, skills-based curricula for children, and public awareness activities. Additionally, a majority of respondents believe that the government should allocate more resources to child abuse prevention efforts. This support for preventive initiatives suggests a willingness to engage in and support community-based efforts to protect children.

However, there is also evidence of some diversity in perspectives, particularly regarding the effectiveness of prevention as a strategy. This highlights the need for continued education and awareness campaigns to ensure that the community fully understands the significance of preventive measures and strategies.

In conclusion, the findings of this study provide valuable insights into the community's understanding of child abuse and neglect in Egor Local Government Area. These insights can guide the development of targeted interventions and policies aimed at preventing child abuse and protecting the well-being of children. It is clear that the community recognizes the importance of addressing this issue and is willing to engage in efforts to safeguard the rights and safety of children in the study area.

### **5.3 Recommendations**

Based on the findings and conclusion below are the necessary recommendations

1. Community leaders should conduct regular community awareness campaigns to educate residents about the factors contributing to child abuse and neglect. Focus on the consequences of such maltreatment and the importance of early intervention.
2. Local government authorities and NGOs can establish support programs for families facing marital conflict, domestic violence, and financial challenges. These programs can offer counselling, mediation, and financial assistance to reduce the risk of child abuse.
3. Local government authorities and educational institutions should implement and promote parent education programs within the community. These programs should provide parents with the skills and knowledge to create a safe and nurturing environment for their children.
4. Local government authorities and social services can strengthen child protection services and provide resources for intervention and support when child abuse or neglect is suspected or reported. Ensure a swift response to protect children at risk.
5. Local government authorities and NGOs can develop inclusive programs and services that address the unique needs of families with disabilities, providing them with necessary support and resources to prevent abuse or neglect.
6. Local government authorities should implement economic empowerment initiatives aimed at alleviating poverty and unemployment in the community. This could include skills training, job placement programs, and microfinance opportunities.

7. Local government authorities and State government can advocate for increased government funding and resources for child abuse prevention efforts. This should include the development of comprehensive policies and legislation to protect children.
8. Educational institutions should include child abuse and neglect awareness in school curricula. This will help educate children about their rights and how to seek help if they are at risk.
9. Local government authorities should establish a monitoring and evaluation system to assess the effectiveness of preventive measures and the impact of awareness campaigns. Regularly review and adapt strategies based on the data collected.

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## APPENDIX

**DEPARTMENT OF SOCIAL WORK  
FACULTY OF SOCIAL SCIENCES  
UNIVERSITY OF BENIN  
BENIN CITY**

Dear Respondent,

### Request for completion of Questionnaire

I am a final year student of the above named institution, conducting a research on the topic **‘Factors Responsible for Child Abuse and Neglect (A Case Study of Egor Local Government Area of Edo State)**.

I humbly request your assistance in filling the questionnaire. All information gathered shall be purely for research purpose and will be treated with confidentiality.

**Osariemen Igbinore**  
**Researcher**

### Section A

1. **Gender:** Male [  ] Female [  ]
2. **Age:** 30 yrs below [  ] 31 – 35yrs [  ] 36 - 40yrs [  ] 41 – 45yrs [  ] 46yrs and above [  ]
3. **Marital Status:** Single [  ] Married [  ] Divorced [  ] Widow (er) [  ]
4. **Education Level:** O’ Level [  ] Undergraduate [  ] Post-Graduate [  ]
5. **Religion:** Christian [  ] Muslim [  ] Others [  ]

### Section B

#### Key to Scores

SA- Strongly agree, A-Agree, U- Undecided, D- Disagree, SD- Strongly disagree

| S/N | Response  | SA | A | SD | D |
|-----|---|----|---|----|---|
|     | <b>Identify the factors that are responsible for child abuse and neglect among parents Egor Local Government Area of Edo State.</b> |    |   |    |   |
| 6.  | Marital conflict and domestic violence contribute to child abuse and neglect  |    |   |    |   |
| 7.  | Family structure plays a role in child abuse and neglect  |    |   |    |   |
| 8.  | Parent and Child Interaction affects the likelihood of child abuse and neglect  |    |   |    |   |

|  |   |           |          |           |          |
|--|---|-----------|----------|-----------|----------|
| 9.   | Disabilities within a family can contribute to child abuse and neglect  |           |          |           |          |
| 10.  | Poverty is a factor in child abuse and neglect  |           |          |           |          |
| <b>Determine the consequences of child abuse and neglect in Egor Local Government Area of Edo State.</b> |   | <b>SA</b> | <b>A</b> | <b>SD</b> | <b>D</b> |
| 11.  | Child abuse and neglect can have serious health and physical effects on children                              |           |          |           |          |
| 12   | Child abuse and neglect can negatively impact the brain development of children                               |           |          |           |          |
| 13..   | Child abuse and neglect can lead to significant behavioral consequences in children                           |           |          |           |          |
| 14.  | Children who experience abuse and neglect may demonstrate reduced resilience in coping with life's challenges |           |          |           |          |
| 15.  | Child abuse and neglect can lead to the influence bad associates.   |           |          |           |          |
| <b>Examine the factors that protect a child from risk of abuse or neglect in the study area.</b>         |   | <b>SA</b> | <b>A</b> | <b>SD</b> | <b>D</b> |
| 16   | Parent education programs are effective in reducing the risk of child abuse and neglect                       |           |          |           |          |
| 17   | Skills-Based curricula for children can protect them from the risk of abuse or neglect                        |           |          |           |          |
| 18   | Do you believe that the government should allocate more resources to child abuse prevention efforts           |           |          |           |          |
| 19   | Prevention as a strategy is effective in protecting children from abuse or neglect                            |           |          |           |          |
| 20   | Public Awareness Activities help in preventing child abuse and neglect  |           |          |           |          |