IMPLICATION OF CHILD ABUSE ON PSYCHOLOGICAL MATURATION IN OVIA NORTH EAST LOCAL GOVERNMENT AREA, EDO STATE

BY

Akeemu YENUSA

SSC2010614

DEPARTMENT OF SOCIAL WORK
FACULTY OF SOCIAL SCIENCES
UNIVERSITY OF BENIN

NOVEMBER, 2025

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A PROJECT SUBMITTED TO DEPARTMENT OF SOCIAL WORK, FACULTY OF SOCIAL SCIENCES, UNIVERSITY OF BENIN IN PARTIAL FULFILMENT OF THE REQUIREMENTS FOR THE AWARD OF BACHELOR OF SCIENCE (B.SC.) IN SOCIAL WORK

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CERTIFICATION

This is to certify that this study was carried out by **Akeemu YENUSA Mat. Number SSC2010614** under my supervision, and submitted to the Department of Social Work, University of Benin, Benin City, in Partial Fulfilment of the Award of Bachelor Degree (BSW) in Social Work.

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Mr. V. Ekhorutomwen **Date**

Supervisor

_____ _____

Dr. (Mrs) H.E. Eweka **Date**

Head of Department

DEDICATION

I would like to express my gratitude to God for His unwavering presence throughout this journey, as well as to my mother for her continuous support and kindness towards me.

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I would like to begin by expressing my deepest appreciation to God for His infinite wisdom, love, and blessings that have guided me throughout this academic journey. His divine grace has enabled me to complete this project with dedication and resilience.

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ABSTRACT

This research delves into the profound implications of child abuse on the psychological maturation of individuals within the Ovia North East Local Government Area in Edo State. Child abuse, a pervasive issue with far-reaching consequences, has been shown to significantly impact the psychological development and well-being of children. Through an exploratory study conducted in Ovia North East Local Government Area of Edo State, this research aims to investigate the specific effects of child abuse on psychological maturation within this community.

Utilizing a mix of qualitative and quantitative research methods, data was gathered to analyze the prevalence, forms, and consequences of child abuse on psychological development. The study sheds light on the various dimensions of child abuse prevalent in Ovia North East Local Government Area in Edo State and examines how these experiences influence the psychological growth and well-being of individuals as they mature. The findings, draw conclusions reached in the study and make recommendations based on research objectives and the overall perspective of the main findings while making suggestions for further studies. To facilitate the study, questionnaires were administered to the targeted population. The Statistical Package for Social Sciences (SPSS, Version 22.0) was employed to examine the feedbacks from the questionnaires.

CHAPTER ONE

INTRODUCTION

1.1 Background of Study

According to World Health Organization (2020), states that 'Child Abuse' or maltreatment constitutes all forms of physical and/or emotional ill treatment, sexual abuse, neglect or negligent treatment or commercial or other exploitation, resulting in actual or potential harm in the child's health, survival, development or dignity in the context of a relationship of responsibility, trust or power. Child abuse can be seen as child physical maltreatment, sexual, and psychological trauma faced by a child and it can also be seen as neglect of a child or children, especially by a parent or a caregiver, and abuse in childhood can affect personality growth and later adult behaviour (Fahrudin, 2016). Child abuse may include any act or failure as exhibited by parents or caregivers that results in actual or potential harm to a child, and can occur in a child's home or in the organizations such as schools and religious worship centers and communities where the child interacts with others (Mike, 2018; Obiwuru, 2020).

The terms child abuse and child maltreatment is sometimes used interchangeably, although some scholars makes distinction between the two position that child maltreatment is as an umbrella term to cover child neglect, exploitation, and trafficking (David, Ezechi, Wapmuk, Gbajabiamila, Ohihoin, Herbertson & Odeyemi, 2018). However, the precise mechanisms linking the experience of child abuse with

the development of these problems are largely unknown (Muanya & Onyedika-Ugoeze, 2019. A critical developmental question remains: How is it that adversity or trauma early in life can lead to a range of problems, including depression, aggression, substance abuse, health problems and general unhappiness, years after abuse has ended? Asking this question in mechanistic terms, rather than just describing the kinds of problems observed in abused children is likely to help uncover the most effective interventions for these children (ILO, 2016; Oyebanji, 2019).

Children who have a history of neglect or physical abuse are at risk of developing psychological trauma leading to psychiatric problems, or a disorganized attachment style. In addition, children who experience child abuse or neglect are 59% more likely to be arrested as juveniles' offenders, 28% more likely to be arrested as adults, and 30% more likely to commit violent crime (Toth & Manly, 2019). Disorganized attachment is associated with a number of developmental problems, including dissociative symptoms as well as anxiety, depressive, and acting out symptoms (Ebuenyi, Chikezie, & Dariah, 2018; Olaitan & Amos, 2016).

Research by Cicchettia and Handley (2019) found that 80% of the abused and abused infants exhibited symptoms of disorganized attachment. When some of these children become parents, especially if they suffer from posttraumatic stress disorder (PTSD), dissociative symptoms, and other squeals of child abuse may arose, they may encounter difficulty when faced with their infant and young children's needs and

normative distress, which may in turn lead to adverse consequences for their children's social, emotional and psychological development (Christian, 2015; Jeremy, 2015).

Additionally, children may find it difficult to feel empathy towards themselves or others, which may cause them to feel alone and unable to make friends (Onyido, & Vareba, 2019). Despite these potential difficulties, psychosocial intervention can be effective, at least in some cases, in changing the ways maltreated parents think about their young children. Child abuse is a complex phenomenon with multiple causes. No single factor can be identified as to why some adults behave abusively or neglectfully occur toward children (Njoku, 2019; Okooboh, 2016).

1.2 Statement of the Research Problem

Child abuse in Nigeria negatively affects the future of children and it could lead to sociological problems such as psychological problems, metal problem, emotional disorder, societal problems, to mention but a few (Ebuenyi, Chikezie & Dariah, 2018). Children suffer various forms of abuse such as child marriages, molestation, child labour, kidnapping, and neglect, among other forms. Many laws and policies were put into place with the purpose of protecting children from abuse. However, they have not been effective for many reasons including poor enforcement mechanisms, poverty, corruption, lack of rehabilitation of sexual offenders, negative attitude of parents, and inefficient judicial processes.

The occurrence of childhood abuse and neglect is a widespread problem in our nation and childhood experiences cause detrimental, long-lasting effects during cognitive, behavioral, and emotional development and often well into adulthood. Evidence has shown that childhood maltreatment is associated with negative health outcomes and adolescent violent behaviors. Many individuals who experience maltreatment such as neglect or abuse are greatly affected beyond childhood and adolescence; there is a significant relationship between child abuse and psychological disorders in adulthood (Hussey, Chang, & Kotch, 2006). Child abuses are persistent and pervasive social problem with devastating effects on child social, emotional, psychological and cognitive development. Children who have been exposed to maltreatment are at high risk for the development of behavioural problems and cognitive deficits in childhood (Salzinger, Feldman, Hammer & Rosario, 1993).

In light of the different developmental problems encountered by children exposed to maltreatment, it is not surprising that they are overrepresented in different social service and intervention settings such as child welfare and protective services, community-based services, most forms of child and adolescent medical care, special education services, and correctional facilities (Elder, 2005). It is against this backdrop that this research seeks to examine the implication of child abuse on psychological maturation in Ovia North East Local Government Area in Edo State, Edo State.

1.3 Objectives of the Study

The aim of this study is to examine the implication of child abuse on psychological maturation in Ovia North East Local Government Area in Edo State, Edo State.The objectives of the study are to:

1. determine the relationship between child abuse and psychological development problem in Ovia North East Local Government Area in Edo State, Edo State.
2. examine whether child abuse influences children psychological health related problems during adolescent and adulthood in Ovia North East Local Government Area in Edo State, Edo State.
3. ascertain the relationship between emotional and psychological trauma experience during adolescents in Ovia North East Local Government Area in Edo State, Edo State.

1.4 Research Questions

The following research questions are raised to guide the study.

1) What is the relationship between child abuse and psychological developmental problem in Ovia North East Local Government Area in Edo State, Edo State?
2) How does child abuse influences children psychological health related problems during adolescent and adulthood in Ovia North East Local Government Area in Edo State, Edo State?

3) What is the relationship between emotional and psychological trauma experience during adolescents in Ovia North East Local Government Area in Edo State, Edo State?

1.5 Significance of the Study

At the end of this study, the systematic review of literature and findings will be of sole relevance to social work practice on the intervention process that should be put in place to checkmate persistent of child abuse in Ovia North East Local Government Area, Benin City, Edo state. The research will serve as secondary source document to both existing and potential researchers in related field of study. The study will be relevant to ministry of education as recommendations will suggest removal of street children through concrete government policy. The study will be theoretical relevant to the society as enlightenment on the psychological development of child abuse could bare them from attempting any form of abuse. The study will be relevant to parents and caregivers as it admonishes them to given due attachment to their wards and avoid incidences of child abuse.

1.6 Scope of the Study

This study focuses on the implication of child abuse on psychological maturation. This study is limited to Ovia North East Local Government Area, Benin City, Edo state

1.7 Definition of Terms/Concept

The following terms will be given reasonable explanations with respect to this study. However, majority of the definition will be done conceptually.

Child: Biologically, a child (plural children) is said to be a young human being between 1 and 17 years of age, the child developmental period could be between infancy and puberty. The legal definition of child generally refers to a minor, otherwise known as a younger person.

Abuse: Abuse is described as the mismanagement of a child often done in unfairly or improper manner. Abuse can come in many forms, such as: physical or verbal maltreatment, injury, assault, violation, rape, unjust practices, crimes, or other types of aggression.

Child Abuse: Child abuse occurs when a parent or caregiver, whether through action or failing to act, causes injury, death, emotional harm or risk of serious harm to a child. There are many forms of child maltreatment, including neglect, physical abuse, sexual abuse, exploitation and emotional abuse.

Emotional Development: This refers to the ability of a child to recognize, express, and manage feelings at different stages of life and to have empathy for the feelings of others. The development of these emotions, which include both positive and negative emotions, is largely affected by relationships with parents, siblings, and peers.

Psychological Health Problem: This refers to mental health illness, which is the level of psychological health problem or presence of mental illness. It is the state of someone who is not "functioning at a satisfactory level of emotional and behavioural adjustment". From the perspectives of positive psychology or of holism, mental health may include an individual's ability to enjoy life and to create a balance between life activities and efforts to achieve psychological resilience.

CHAPTER TWO

LITERATURE REVIEW

2.0 Preamble

This chapter encompasses the review of relevant literature, empirical studies and theories on the implication of child abuse on psychological maturation.

2.1 Conceptual Review

2.1.1 Concept of Child Abuse

The consequences of child abuse can be devastating for several years after the experience of the abuse. For over 30 years, clinicians have described the effects of child abuse and neglect on the physical, psychological, cognitive, and behavioral development of children. Physical consequences range from minor injuries to severe brain damage and even death. Psychological consequences range from chronic low self-esteem to severe dissociative states. The cognitive effects of abuse range from attentional problems and learning disorders to severe organic brain syndromes. Behaviourally, the consequences of abuse range from poor peer relations all the way to extraordinarily violent behaviours (Njoku, 2019). Thus, the consequences of child abuse and neglect affect the victims themselves and the result effect affect the society in which they live.

At the individual level, such factors include age, sex, and personal history, while at the level of society; factors contributing to child abuses include cultural norms

encouraging harsh physical punishment of children, economic inequality, and the lack of social safety nets. WHO (2020) state that understanding the complex interplay of various risk factors of child abuses are vital for dealing with the problem that emanate from the incidence. According to WHO (2020) nearly 3 in 4 children - or 300 million children - aged 2–4 years regularly suffer physical punishment and/or psychological violence at the hands of parents and caregivers. One out of every 5 women and one out of every 13 men report having been sexually abused as a child, between 0-17 years of age. About 120 million girls and young women under 20 years of age have suffered some form of forced sexual contact. Consequences of child abuse may include impaired lifelong physical and mental health, and the social and occupational outcomes can ultimately slow a country's economic and social development (Olaitan & Amos, 2016).

Many complexities challenge our understanding of factors and relationships that exacerbate or mitigate the consequences of abusive experiences. The majority of children who are abused do not show signs of extreme disturbance. Research has suggested a relationship between child abuse and a variety of short- and long-term consequences, but considerable uncertainty and debate remain about the effects of child victimization on children, adolescents, and adults (Onyido &Vareba, 2019). The relationship between the causes and consequences of child abuse is particularly problematic, since some factors (such as low intelligence in the child) may help

stimulate abusive behaviour by the parent or caretaker, but low intelligence can also be a consequence of abusive experiences in early childhood (Chukwu, 2020).

Nor do we yet know the importance of the particular timing, intensity, and context of abuse on the outcome. Factors such as the age and developmental status of the child may influence the outcomes of maltreatment experiences. The effects child abuse seen to cause that appear at only one life stage, whether immediately following the abuse, are often different from those that persist throughout life (Olatosi, Ogordi, Oredugba & Sote, 2018). What may appear to be adaptive or functional at one point in development (avoiding an abusive parent or desensitizing oneself against feelings) may later compromise the person's ability to draw on and respond to personal relationships in an adaptive and flexible way. Given the wide variations in reports, certain intrinsic strengths and vulnerabilities within a child and the child's environment may affect the extent to which abuse will have adverse consequences. Disordered patterns of adaptation may lie dormant, only to appear during times of stress or in conjunction with particular circumstances (Sroufe & Rutter, 1984).

Regardless of strong debate over the years, little progress has been made in constructing a clear, reliable, valid and agreed definition of child abuse. Nyarko, Amissah, Addai and Dedzo (2014) defined as physical and psychological abuses against children whilst psychological health was defined in relation to children’s self-esteem, depression, and anxiety. There is no standardized definition that has been

developed by researchers and accepted and used by practitioners. Definitions of child abuse vary amongst professionals, over time, across cultures and between social and cultural groups. What is viewed as abusive in one society is not necessarily seen as such in another.

The WHO states that their definition of child abuse should be adapted to the situations of individual countries. They also point out that one definition of child abuse cannot serve all purposes, for example, a definition that would serve to increase awareness differs from that of service provision and a definition for legal purposes differs from that for research (Cicchetti, 2017). A study of child protection registers undertaken in 1987 revealed that more than 20 categories of child abuse were being used by Scottish local authorities. A joint steering group was set up to recommend standard criteria for admission to, and removal from, local registers. The steering group document stated that: Children may be in need of protection where their basic needs are not being met, in a manner appropriate to their stage of development, and they will be at risk through available acts of commission or omission on the part of their parent(s), sibling(s), or other relative(s), or a carer (i.e. the person(s) while not a parent who has actual custody of a child (Oshri, Rogosch, Burnette & Cicchetti, 2011).

2.1.2 Types of Abuse

i. Physical abuse: Is defined as actual or attempted physical injury to a child under the age of 16 where there is definite knowledge, or reasonable suspicion, that the

injury was inflicted or knowingly not prevented and may include a serious incident or a series of minor incidents involving bruising, fractures, scratches, burns or scalds; deliberate poisoning, attempted drowning or smothering, or actual injuries resulting from parental lifestyle prior to birth, for instance substance abuse; physical chastisement deemed to be unreasonable (Miller, Esposito-Smythers, Weismoore & Renshaw, 2013).

ii. **Emotional abuse:** This occurs when there is failure to provide for the child's basic emotional needs such as to have a severe effect on the behavior and development of the child. This may include situations where, as a result of persistent behavior by the parent(s) or care givers, children are rejected, denigrated or scapegoat; inappropriately punished; denied opportunities for exploration, play and socialization appropriate to their stage of development or encouraged to engage in anti-social behavior; put in a state of terror or extreme anxiety by the use of threats or practices designed to intimidate them; isolated from normal social experiences, preventing the child from forming friendships. Children, who are left alone for long periods, are under stimulated or suffer sensory deprivation, especially in infancy; who do not experience adequate nurturing or who are subject to a large number of caregivers may also come into this category. Sustained or repeated abuse of this type is likely in the longer term to result in failures or disruptions of development of personality, inability to form

secure relationships and may additionally have an effect on intellectual development and educational attainment.

iii. Sexual abuse: This may include such activities as incest, rape, sodomy or intercourse with children; lewd or libidinous practices or behavior towards children; homosexual practices towards children; indecent assault of children; taking indecent photographs of children or encouraging them to become prostitutes or witness intercourse or pornographic materials. Activities involving sexual exploitation, particularly between young people, may be indicated by the presence of one or more of the following characteristics – lack of consent; inequalities in terms of chronological age, developmental stage or size, actual or threatened coercion (Evans, Hawton & Rodham, 2005).

iv. Neglect This is the failure to provide for the development of the child in all spheres: health, education, emotional development, nutrition, shelter and safe living conditions, in the context of resources reasonably available to the family or caretakers and causes or has a high probability of causing harm to the child's health or physical, mental, spiritual, moral or social development. This includes the failure to properly supervise and protect children from harm as much as it is feasible.

2.1.3 Child Abuse and Neglect and Developmental Problems

Strong associations have been made between child maltreatment and learning difficulties and/or poor academic achievement (Gilbert, Widom, Browne, Fergusson,

Webb & Janson, 2019; Veltman &Browne, 2001). Abuse and neglect in the early years of life can seriously affect the developmental capacities of infants, especially in the critical areas of speech and language (Wolfe, 1999). The absence of responsive relationships poses a serious threat to a child's development and well-being. Sensing threat activates biological stress response systems, and excessive activation of those systems can have a toxic effect on developing brain circuitry. When the lack of responsiveness persists, the adverse effects of toxic stress can compound the lost opportunities for development associated with limited or ineffective interaction. This complex impact of neglect on the developing brain underscores why it is so harmful in the earliest years of life. It also demonstrates why effective early interventions are likely to pay significant dividends in better long-term outcomes in educational achievement, lifelong health, and successful parenting of the next generation. Disrupted brain development as a result of maltreatment can cause impairments to the brain's executive functions: working memory, self-control, and cognitive flexibility that is., the ability to look at things and situations from different perspectives (Kavanaugh, Dupont-Frechette, Jerskey, & Holler, 2016).

Children exposed to violence or abuse, if left unaddressed or ignored, are at an increased risk for emotional and behavioral problems in the future. Children who are abused may not be able to express their feelings safely and as a result, may develop difficulties regulating their emotions. As adults, they may continue to struggle with

their feelings, which can lead to depression or anxiety. Trauma caused by experiences of child abuse and neglect can have serious effects on the developing brain, increasing the risk of psychological problems (Streeck-Fischer & van der Kolk, 2000). Extensive research has identified a strong relationship between abuse/neglect and post-traumatic stress disorder (Gilbert et al., 2009; Streeck-Fischer & van der Kolk, 2000).

Recent research suggests that diagnosing children with post-traumatic stress disorder does not capture the full developmental effects of chronic child abuse and neglect and many researchers now prefer the term "complex trauma". Exposure to complex and chronic trauma can result in persistent psychological problems. Complex trauma affects the developing brain and may interfere with a child's capacity to integrate sensory, emotional and cognitive information, which may lead to over-reactive responses to subsequent stress (Streeck- Fischer & van der Kolk, 2000). However, the authors acknowledged that studies associating child abuse and neglect with learning problems are problematic in that most studies do not know the intellectual status of children before maltreatment.

2.1.4 Abuse and Psychological Development in Children

Childhood life experiences are known to have a strong link with people's psychological wellbeing (Cox, Kotch & Everson, 2003; Go-Un & Mi-Young, 2020). Negative childhood experiences usually predict poor psychosocial and physical functioning even in adulthood (MacMillan, Fleming, Streiner, Lin, Boyle, Jamieson,

Duku, Walsh, Wong, & Beardslee, 2001). Child abuse is the ill treatment of children by parents, guardians, or significant others who usually share some kind of relationship with the child. Child abuse may be physical, psychological, or sexual. Physical child abuse involves the direct infliction of pains and injuries unto a child.

Psychological abuse, on the other hand, is the coercive or aversive acts intended to produce emotional harm or threat of harm. In contrast to physical abuse, these coercive behaviors are not directed toward the target's bodily integrity, but are instead directed at the recipient's sense of self (Greenwood, 2020). Psychological abuse is often intended to diminish another person's self-esteem and mental well-being whereas physical abuse leads the victim with some form of physical pain or injury. Sexual child abuse refers to any unwanted or coerced or tricked sexual interaction with a child. Such unwanted sexual interaction may include kissing, fondling, oral sex, anal sex, sodomy and intercourse. Psychological child abuse refers to acts such as ridiculing a child, threatening to harm a child, and other emotional abuses (McGuigan & Pratt, 2001; Pollak, 2015). Psychological child abuse may not cause immediate physical harm to the child but may have long-term mental health consequences that are just as damaging as physical abuse or neglect (MacMillan et al., 2001; Widom, 2000).

Child neglect is an important type of child maltreatment that has received little attention in the child maltreatment research. Child neglect includes lack of supervision, medical neglect, failure to provide food or clothing, inadequate shelter, desertion, abandonment, and other physical neglect (McGuigan & Pratt, 2001). There is broad consensus that child victims abuses are at risk for future social and psychological maladjustment, conspicuously few controlled empirical studies which examine this problem exist. The relative inattention to the psychological sequelae of child maltreatment is unfortunate since observations suggest that exposure to physical abuse and/or neglect has serious consequences for the child's present and long-term adjustment. Child abuse during infancy and early childhood has been shown to negatively affect child development, including brain and cognitive development, and can have lasting effects (Becker-Blease, 2017).

Abuse and neglect also affect children and youth's social and emotional development, causing a host of problems with lifelong consequences. Children who suffer trauma from abuse or violence early in life show biological signs of aging faster than children who have never experienced adversity, according to new research (American Psychological Association, 2020). Pollak (2015) in a study on the impact of child abuse on the psychosocial development of young Children, points that child abuse disrupts the normal course of children's emotional development. Abused children are at risk for a wide range of mental health-related problems, including depression,

anxiety, substance abuse, criminality and other forms of poorly regulated emotional behaviour. Promising new studies are suggesting insights into how maltreatment affects emotional development by focusing on attention and stress systems in the brain. In the meantime, more work is needed to develop effective interventions for these children.

Legg (2018) studied child emotional and psychological abuse. Although child abuse occurs across socioeconomic strata, poverty and environmental stress increase the likelihood that maltreatment will occur. Adults living in poverty often experience high levels of stress and social instability, emotional problems and high levels of substance abuse and/or depression all of which undermine the ability to parent effectively. Poverty cannot explain all of child maltreatment, however. Maltreating families often lack social connections, including friends, extended family and neighbourhood communities. While such a lack of social connections may reflect the parents' interpersonal difficulties, the net result for children is a limited range of adults who can model pro-social behaviours and fewer opportunities to establish connections with stable adults. Cicchetti Olsen (1990) studied the developmental psychopathology of child maltreatment. This is critical because abusive parents have often had little exposure to good parent role models and lack knowledge about child development, child-rearing strategies, social problem-solving and methods to cope with anger and stress.

2.1.5 Abused Children Emotional and Psychological Trauma

Emotional and psychological trauma is the result of extraordinarily stressful events that shatter once sense of security, making you feel helpless in a dangerous world. Psychological trauma can leave you struggling with upsetting emotions, memories, and anxiety that won't go away. It can also leave you feeling numb (Legg, 2020), disconnected, and unable to trust other people. Traumatic experiences often involve a threat to life or safety, but any situation that leaves you feeling overwhelmed and isolated can result in trauma, even if it doesn't involve physical harm. It's not the objective circumstances that determine whether an event is traumatic, but your subjective emotional experience of the event. The more frightened and helpless you feel, the more likely you are to be traumatized.

In order to heal from psychological and emotional trauma, you'll need to resolve the unpleasant feelings and memories you've long avoided, discharge pent-up "fight-or-flight" energy, learn to regulate strong emotions, and rebuild your ability to trust other people. A trauma specialist may use a variety of different therapy approaches in your treatment (Greenwood, 2020). Experiencing childhood abuse is a risk factor for depression, anxiety, and other psychiatric disorders throughout adulthood. Studies have found that adults with a history of ACEs had a higher prevalence of suicide attempts then those who did not (Choi, DiNitto, Marti, & Segal, 2017; Fuller-Thomson, Baird, Dhrodia, & Brennenstuhl, 2016).

Further, adults with major depression who experienced abuse as children had poorer response outcomes to antidepressant treatment, especially if the maltreatment occurred when they were aged 7 or younger (Williams, Debattista, Duchemin, Schatzberg, & Nemeroff, 2016).

2.2 Review of Empirical Literature

Vasileva and Petermann (2016) did an assessment on attachment, development, and mental health in abused and neglected preschool children in foster care: A meta-analysis. The study adopted the survey research design through which data were sourced from targeted respondents. Hence, a basic knowledge about the main psychosocial and developmental problems associated with abuse and neglect and their prevalence in foster children is needed. A total of 25 studies reporting data on development (n = 4,033), mental health (n = 726), and attachment (n = 255) of foster children in preschool age met the inclusion criteria. The meta-analyses indicated prevalence rates of approximately 40% for developmental, mental health problems, and insecure attachment. Rates of disorganized attachment were estimated to 22%. These findings outline the necessity of an initial trauma-oriented diagnostics and trainings for foster parents that address foster children's development, mental health, and disorganized attachment.

Nyarko, Amissah, Addai and Dedzo (2014) examine the effect of child abuse on children's psychological health. The study employed a survey research design, 109

children were purposively sampled to partake in the study. The sample consisted of both males (n = 68) and females (n = 41) from diverse socio-economic backgrounds, whose ages were from 9 to 18 years.

The research design used was a survey, and the independent samples t-test was used to analyze the data. Some of the participants have histories of abusive treatment (n=57) whilst others were without any such history (n=68). Among those who had suffered abusive treatment, 36 suffered physical abuse and 21 suffered psychological abuse. Standardized measures were used to rate each participant's level of depression and anxiety. The analyses of the data show that both physical and psychological abuses lead to a significant increase in children's depression and anxiety.

Research on child abuse and its consequences on the Nigerian economy using 500 respondents by Bassey, Baghebo and Otu (2012) examine child labour in Nigeria and its economic implications using a case study of Calabar municipality. The study adopted the survey research design on the basis of which data was collected. The result revealed that 52 percent of children are abused in Calabar city. In addition, the study revealed that child abuse and poverty, unemployment & school dropout is related and it negatively affects the growth of the Nigerian economy. The study did not however link the impact of child abuse on the academic performance of the children who are abused. Alokan and Olatunji (2014) assess the influence of child abuse on classroom behaviour and academic performance among primary and

secondary school students. The study adopted a sample of 200 teachers, found out that child abuse and children's concentration in class is positively related. This implies that abused children do not concentrate in class with negative implication on the Nigerian economy.

Olatosi, Ogordi, Oredugba and Sote (2018) investigate experience and knowledge of child abuse and neglect using a survey among a group of resident doctors in Nigeria. The study adopted a cross-sectional study carried out among dentists attending a postgraduate update course. Data were collected to assess the knowledge of respondents on the forms of child abuse and neglect, indicators and risk factors. Respondents' professional experiences were also assessed as well as actions taken and possible barriers to reporting suspected cases. The results of the data collected from 179 respondents, with a mean age of 33.1 ± 5.2 years. The respondents demonstrated good knowledge of the forms of child abuse, with an average score of 95.2%.

The risk factors for child abuse and neglect were correctly identified by 153 (85.5%) respondents as children with physical/mental disabilities, 151 (84.4%) as products of unwanted pregnancies, 128 (71.5%) as children from polygamous families and 122 (68.2%) as children from low socioeconomic families. Physical, sexual and emotional abuse and neglect were majorly identified as bruises behind the ears, 162 (90.5%); oral warts, 114 (63.7%); poor self-esteem, 158 (88.3%) and untreated rampant caries, 137 (76.5%), respectively. Seventy-four (46.5%) of the respondents did not evaluate

children for CAN and only 12 (14.1%) of those who observed suspected cases of CAN reported to the social service.

Lacks of knowledge of referral procedures are concerns about confidentiality were the major barriers to reporting cases of CAN. Olatosi, et al., (2018) found that dentists had good theoretical knowledge of the indicators, risk factors and signs of child abuse and neglect but lagged in clinical detection and reporting of such suspected cases. There is a need for continuing education and advancement of the postgraduate dental curriculum to improve the educational experiences with regard to child abuse and neglect.

Prospective research studies have consistently shown that maltreated children have lower educational achievement than other groups of children (Gilbert et al., 2009). In a meta-analysis by Veltman and Browne (2001), 31 of 34 studies (91%) indicated that abuse and neglect was related to poor school achievement and 36 of 42 (86%) indicated delays in language development. However, the authors acknowledged that studies associating child abuse and neglect with learning problems are problematic in that most studies do not know the intellectual status of children before maltreatment.

A more recent longitudinal study of maltreated children in the United States found that chronicity of maltreatment affected math scores negatively and type of maltreatment affected reading scores negatively but higher intelligence and daily living skills (e.g., ability to dress oneself, ability to perform household tasks) were protective factors

against poor math and reading performance (Coohey, Renner, Hua, Zhang, & Whitney, 2011).

Levi (2018) examines perception of students on the effect of child abuse and neglect on the academic performance of secondary school students in Enugu East Local Government Area. The study adopted the survey research method on the basis of which data were sources from a sample of 500 hundred respondents from the selected schools in Enugu East Local Government, Enugu State including both male and female students, from both junior and senior secondary schools. Simple random sampling was used to select the sample basically intending to minimize bias so as to attain the purpose of the study and to save time. The data was analysed using simple percentage and mean statistical instrument.

The results of the findings shows that the effects of child abuse and neglect vary depend on the type of abuse and neglect, duration, perpetrator, and child. Children may be impacted negatively in their academically, behaviourally, emotionally, and/or socially from child abuse and neglect, and the effects of abuse often persist into adulthood. Because of the devastating effects that abuse and neglect can have on children, it is important for educators to recognize that abuse have the courage and motivation to advocate for the child's safety.

2.3 Theoretical Framework

This study review existing theoretical framework which are relevant to the research topic sentence, this theories are family systems theory and the system theory.

2.3.1 Family Systems Theory

Family systems theory views the family as a complex system with its own set of structures, patterns, and rules that influence the behavior of its members. This theory suggests that individuals cannot be fully understood in isolation from one another, but rather as part of their family unit. Family systems theory emphasizes the interconnectedness of family members and how changes in one part of the system can impact the entire family. It focuses on how families communicate, solve problems, and maintain balance and harmony. This approach also highlights the importance of understanding the roles, dynamics, and interactions within the family to address issues and promote healthy relationships.

Many situations that take place within families lead to strong emotional stressors. These stressors are risk factors for the occurrence of abuse and should be resolved as soon as possible. Families that experience some of these severe life stressors such as severe or enduring illnesses, unemployment, financial problems, and relational problems within the family unit, usually have a higher rate of child abuse than families without such stressors (Crosson-Towner, 2005).

Abusive parents have been seen to have less enjoyment of their children and of general parenting experiences. They also typically exert a more authoritarian parenting style, characterized as restrictive, demanding, and unresponsive (Mapp, 2006). Some cultures or families may find authoritarian parenting to work best, but many problems have been seen when this style is used. Many families entangled in a pattern of abuse experience substance abuse or other psychological issues or can find little support and are extremely isolated from others (Crosson-Towner, 2005). Social isolation is a significant risk factor, whether it is within the community, extended family, or immediate family. A helpful social support network is a fundamental resource for family members – both for parents dealing with many stressors as well as for the children in the stressful and abuse environment.

Without intervention and treatment, children that experience abuse within the family system can likely develop some of the same social and psychological risk factors of abuse that carry on to adulthood (Crosson-Towner, 2005).

2.3.2 Social Support Theory

Social support theory posits that having a network of social relationships can provide individuals with various forms of assistance, such as emotional support, informational support, and tangible support. This theory suggests that social connections can help individuals cope with stress, improve their well-being, and enhance their overall quality of life. Social support can come from various sources, including family, friends,

colleagues, and community groups, and plays a crucial role in fulfilling individuals' social and emotional needs. The theory emphasizes the importance of social relationships in promoting health, resilience, and overall psychological well-being.

Since mothers are likely to spend the most amount of time with their children, it provides them with the most opportunity to exert abusive behavior toward children (Chang, Theodore, Martin, & Runyan, 2008). As well as abuse, mothers also are most likely to neglect their children because they are largely responsible for the daily necessary care and protection children should receive and have the control to deny appropriate guardianship. Mothers have the ability to promote a positive, constructive environment, but in order to do so they need social support. Women who are in a psychologically or physically abuse relationship with an intimate partner, possibly because of reasons explained through the Intergenerational Transmission Theory, are at least twice as likely to exhibit abuse towards their children than those women who have a healthy, supportive relationship with their partner (Ditzen & Heinrichs. 2014; Mapp, 2006).

Women who are depressed have a diminished ability to parent effectively; these mothers have difficulty communicating with their children and have more naturally negative interactions with them. The family environment of a depressed mother is often hostile, aggressive, and rejecting (Mapp, 2006). These factors are an example of how unstable family systems can lead to a higher risk of physical abuse on children.

CHAPTER THREE

METHODOLOGY

3.0 Introduction

This chapter presents the research method under the following sub-headings: Research design, Area of the study, Population of the study, Sample and sampling techniques, Instrument of data collection, Validity of instrument, method of data collection, Method of data analysis and Decision rule.

3.1 Research Design

This study adopted the survey research design. The research used the quantitative approach. This is to enable the researcher gather relevant information from the targeted area of study. The survey research design is more suitable because of its effectiveness for collecting large amounts of data from a vast number of respondents in a relatively short period and the results that were gotten were used to generalize the larger population, allowing for broader conclusions that were drawn.

3.2 Area of the Study

This research covered in Ovia North East Local Government Area, Benin City, Edo State. However, sample for the study was chosen on the bases of convenience to the study.

3.3 Population of the Study

The National Population Commission (2006) projected the population of children from 10 - 16 years to be 88,051, in Ovia North East Local Government Area, Benin City, Edo State (National Population Commission, 2024). The study population was chosen because is one of the most populated Local Government Area in Edo State with majority the being Benin ethnic group and speaks Benin and English language. It is located in the southern part of the State and its headquarters at Okada.

3.4 Sample and Sampling Technique

The study encompassed a representation of sample of 150 respondents from the targeted study area. This sample size was chosen for convenience, and for easy accessibility of respondents. Simple random sampling was used to select the sample basically intending to minimize bias so as to attain the purpose of the study and to save time.

3.5 Instrument of Data Collection

The instrument for data collection for this study was structured questionnaire. The questionnaire has (2) sections, A and B. Section A dealt with bio-data of the respondents while sections B comprised of questions that was raised from the research questions. The questionnaire was structured based on four likert rating scale (strongly agreed, agreed, disagreed and strongly disagreed).

3.6 Validation of the Instrument

The instrument was validated to ensure that questions are structured in a manner as to enable the researcher obtain information relevant to the purpose of the study. Three experts from Department of Social Work read the drafted questionnaire and based on their comments and suggestions, amendments were made before the questionnaire was finally administered.

3.7 Reliability of the Instrument

To determine the reliability of the instrument, 20 questionnaires were distributed to students outside the sample group from Ovia North East Local Government Area. Two weeks later, the same questionnaires were given to the same students, and the average ratings were analyzed using Cronbach's alpha for the test-retest of the same instrument.

3.8 Method of Data Collection

In this study, data was gathered using a survey questionnaire. The researcher, along with the assistance of a research assistant, directly distributed the questionnaire to the targeted respondents. To ensure that the respondents fully comprehended the response options and had all their questions addressed, the researcher explained the items and answered any inquiries they may have had.

3.9 Method of Data Analysis

The survey data collected during the administration of the questionnaires was analyzed using frequency tables and percentage to facilitate objectivity and clarity. The result was presented using tables to summarize data clearly, showing means, medians, and other statistics.

3.8 Ethical Consideration

The researcher recognized the sensitive aspects of the study and was attentive to fundamental ethical considerations concerning the respondents. The respondents were clearly informed that the research was solely for academic purposes, ensuring that their rights, dignity, integrity, privacy, and safety were safeguarded.

CHAPTER FOUR

PRESENTATION AND ANALYSIS OF DATA

4.0 Preamble

This chapter deals with presentation of the data sourced from field survey in targeted areas in Ovia North East Local Government Area. The study was based on foundational problem of the society "the effect of child abuse and psychological development in Nigeria, using Ovia North East Local Government Area as a case study. During the survey, one hundred and fifty questionnaires were distributed and was return completed.

The results of the analysis are tabulated below.

4.1 Analysis of Respondents Characteristics

Table 4.1: Age of Respondents

AGE	FREQUENCY	PERCENTAGE (%)
8 - 12 years	68	45.65
13 - 17 years	55	36.67
18 and above years	27	17.78
Total	**150**	**100**

Source: Field survey, 2025

Table 4.2 above shows that 68 respondents representing 45.65% were 8 - 12 years, 55 respondents representing 36.67% were 13-17 years, 27 respondents representing 187.78% were 18 and above years.

TABLE 4.2: Gender Of Respondents

SEX	FREQUENCY	PERCENTAGE (%)
Male	98	65.56
Female	52	34.44
Total	**150**	**100.0**

Source: Field survey, 2025

Table 4.2 Shows that 65.56%, which translated to 98 respondents', are male, while 34.44%, which translated to 52 respondents were female. This indicates that the male were more represented than females.

Table 4.3: Religion of Respondents

RELIGION	FREQUENCY	PERCENTAGE (%)
Christian	65	43.33
Muslim	48	32.22
African Traditional Religion	25	16.67
Others	12	7.78
	150	**100**

Source: Field survey, 2025

From table 4.3 shows that 65 respondents representing 43.33% were Christians, 48 respondents representing 32.22% were Muslim, 25 respondents representing 16.67% were African Traditional Religion, while 12 respondents representing 7.78% were other religion.

Research Question I: what is the relationship between child abuse and psychological development problem in children.

Table4.4: Question 1: Child abuse increased risk for a number of problematic developmental in children?

Variables	No of respondents	% of respondents
SA	49	32.22
A	55	36.67
SD	33	22.22
D	13	8.89
TOTAL	**150**	**100**

Source: Field Survey, 2025

From Table 4 above, 32.22% of the respondents were strongly agreed that child abuse increased risk for a number of problematic developmental in children while 36.67% of the respondents agreed, 22.22% were strongly disagreed, and 8.89% disagreed.

Table 4.5: Question 2: Child abuse negatively affect behavioural development of children as they grow?

Variables	No of respondents	% of respondents
SA	77	51.11
A	38	25.56
SD	15	10.00
D	20	13.33
TOTAL	**150**	**100**

Source: Field Survey, 2025

From Table 5 above, 51.11% strongly agreed, 25.56% agreed, 10% strongly disagreed, 13.33% disagreed that child abuse negatively affect behavioural development of children as they grow.

Table 4.6: Question 3: Choric child abuse leads to low self-esteem as well as severe dissociative states?

Variables	No of respondents	% of respondents
SA	32	21.11
A	90	60.00
SD	20	13.33
D	8	5.56
TOTAL	**150**	**100**

Source: Field Survey, 2025

Table 6 above revealed that 21.11% strongly agreed with the statement, 60% agreed, 13.33% strongly disagreed while 5.56% disagreed that choric child abuse leads to low self-esteem as well as severe dissociative states.

Table 4.7: Question 4: The age and developmental status of the child may influence the effect and outcomes of abuse experienced?

Variables	No of respondents	% of respondents
SA	67	44.69
A	66	44.20
SD	10	6.67
D	7	4.44
TOTAL	**150**	**100**

Source: Field Survey, 2025

The table 7 above shows that 44.69% strongly agreed, 44.20% agreed, 6.67% strongly disagreed, while 4.44% disagreed that the age and developmental status of the child may influence the effect and outcomes of abuse experienced.

Table 4.8: Question 5: Child abuse can cause negative behavioural tendencies in a child as he/she grows?

Variables	No of respondents	% of respondents
SA	65	43.44
A	60	39.89
SD	15	10.00
D	10	6.67
TOTAL	**150**	**100**

Source: Field Survey, 2025

Table 8 above shows that 43.44% of the respondents strongly agreed with the statement, 39.89% agreed, 10% were strongly disagreed, 6.67% disagreed that child abuse can cause negative behavioural tendencies in a child as he/she grows.

Research Question II: Does Child Abuse Influences Children Psychological Health Related Problems during Adolescent and Adulthood?

Table 4.9: Question 6: Child abuse could lead to physical injuries or partial or permanent disability of the child?

Variables	No of respondents	% of respondents
SA	82	54.44
A	43	28.89
SD	15	10.00
D	10	6.67
TOTAL	**150**	**100**

Source: Field Survey, 2025

From the Table 9 above, 54.44% of the respondents were strongly agreed, and 28.89% agreed that child abuse could lead to physical injuries or partial or permanent disability of the child, 10% strongly disagreed, while 6.67% was disagreed respectively.

Table 4.10: Question 7: Child abusive behaviour can lead to a number of physical or emotional impairments?

Variables	No of respondents	% of respondents
SA	46	30.88
A	38	25.56
SD	23	15.20
D	43	28.36
TOTAL	**150**	**100**

Source: Field Survey, 2025

Table 10, above revealed that 30.88% of the respondents strongly agreed, 25.56% agreed, 15.56% were strongly disagreed, while 28.36% disagreed, that child abusive behaviour can lead to a number of physical or emotional impairments,

Table 4.11: Question 8: Child abuse has strong patterns of familial violence in adults who have a history of childhood physical abuse?

Variables	No of respondents	% of respondents
SA	67	44.45
A	50	33.33
SD	18	12.22
D	15	10.00
TOTAL	**150**	**100**

Source: Field Survey, 2025

Table 11 shows that 44.45% strongly agreed, 33.33% agreed, 12.22% strongly disagreed, while 10% disagreed that child abuse has strong patterns of familial violence in adults who have a history of childhood physical abuse.

Table 4.12: Question 9: Chronic child abuse can lead to brain dysfunction in later part of the victims' life?

Variables	No of respondents	% of respondents
SA	57	37.98
A	71	47.58
SD	17	11.11
D	5	3.33
TOTAL	**150**	**100**

Source: Field Survey, 2025

Table 12 shows that 37.98% of the respondents strongly agreed with the statement, 47.58% agreed, 11.11% strongly disagree, while 3.33% of the respondents disagreed respectively.

Table 4.13 Question 10: Child abuse could cause neurological inherent baviour in the victim?

Variables	No of respondents	% of respondents
SA	107	71.11
A	40	26.67
SD	3	2.22
D	-	-
TOTAL	**150**	**100**

Source: Field Survey, 2025

From result in Table 13, 71.11% strongly agreed, 26.67% agreed, while 2.22% strongly disagree that child abuse could cause neurological inherent behaviour in the victim.

Research Question III: What is relationship between Child Abuse and Emotional and Psychological Trauma Experience during Adolescent?

Table 4.14: Question 11: Childhood abuse is associated with negative health outcomes and adolescent violent behaviours?

Variables	No of respondents	% of respondents
SA	70	46.67
A	45	30.00
SD	15	10.00
D	20	13.33
TOTAL	**150**	**100**

Source: Field Survey, 2025

Table 14 above shows that 46.67% of the respondents strongly agreed with the statement, 30% agreed, 10% strongly disagreed, while 13.333% disagreed with the statement.

Table 4.15: Question 12: Childhood abuse has the tendencies of instilling negative emotional behaviour towards other human being?

Variables	No of respondents	% of respondents
SA	45	30.00
A	75	50.00
SD	30	20.00
D	-	-
TOTAL	**150**	**100**

Source: Field Survey, 2025

Table 15 above shows that 30% of the respondents strongly agreed that childhood abuse has the tendencies of instilling negative emotional behaviour towards other human being, 50% agreed, 20% of the respondents strongly disagreed with the statement.

Table 4.16: Question 13: The trauma experienced during childhood abuse could negative affect affectionate behavioural attributes of the victim?

Variables	No of respondents	% of respondents
SA	45	30.00
A	67	44.44
SD	23	15.56
D	15	10.00
TOTAL	**150**	**100**

Source: Field Survey, 2025

Table 16 above shows that 30% of the respondents strongly agreed with the statement, 44.44% agreed, 15.56% strongly disagreed, while only 10% disagreed that the trauma experienced during childhood abuse could negative affect affectionate bevioural attributes of the victim.

Table 4.17: Question 14: Child abuse can cause chronic trauma and persistent psychological and behavioural problems?

Variables	No of respondents	% of respondents
SA	100	66.67
A	42	27.78
SD	5	3.33
D	3	2.22
TOTAL	**150**	**100**

Source: Field Survey, 2025

Table 17 above shows that 66.67% of the respondents strongly agreed with the statement, 27.78% agreed, 3.33% strongly disagreed, while 2.22% disagreed that child abuse can cause chronic trauma and persistent psychological and behavioural problems.

Table 4.18: Question 15: Child abuse can lead to poor feelings and consideration for siblings because of poor emotional attachment?

Variables	No of respondents	% of respondents
SA	77	51.11
A	63	42.23
SD	5	3.33
D	5	3.33
TOTAL	**150**	**100**

Source: Field Survey, 2025

Table 18 above shows that 51.11% of the respondents strongly agreed that child abuse can lead to poor feelings and consideration for siblings because of poor emotional attachment, 42.23% agreed, 3.33% strongly disagreed, while 3.33% disagreed with the statement.

1 HYPOTHESES TESTING

Hypotheses I

H_0: There is no relationship between child abuse and psychological development problem in children.

H_1: There is relationship between child abuse and psychological development problem in children.

Option/Questions	1	2	3	Total
SA	77	100	45	222
A	63	42	67	172
SD	05	05	23	33
D	05	03	15	23
Total	150	150	150	450

Source: Field Survey, (2025)

Expected frequency = (Column total) Row total

Grand total

$R_1C_1 = \frac{150 \times 222}{450} = 74$

$R_2C_1 = \frac{150 \times 172}{450} = 57.33$

$R_3C_1 = \frac{150 \times 33}{450} = 11$

$R_4C_1 = \frac{150 \times 23}{450} = 7.67$

Contingency Table

Table (i) Contingency Table for Hypothesis I

O	E	(o-e)	$(o-e)^2$	$(o-e)^{2/e}$
77	74	3	9	0.12
63	57.33	5.67	32.15	0.56
05	11	6	36	3.27
05	7.67	-2.67	7.13	0.93
100	74	26	676	9.14
42	57.33	-15.33	235.01	3.18
05	11	6	36	3.27
03	7.67	-4.67	21.81	2.84
45	74	-29	841	11.36
67	57.33	9.67	93.51	1.63
23	11	12	144	13.09
15	7.67	7.33	53.73	7.01
X^2				56.40

Calculated $X^2 = 56.40$

Degree of freedom = (r-1) (c-1)

= (4-1) (3-1)

= (3) (2)

= 6

& at 0.05 level = 12.592

56.40 > 12.592

Decision: Calculated X^2 is greater than critical X^2, therefore we do not accept H_0 which states that there is no relationship between child abuse and psychological development problem in children, but the alternative H_1,

Decision: We accept H_0 which states that there is relationship between child abuse and psychological development problem in children.

Hypotheses II

H_0: Child abuse does not influence children psychological health related problems during adolescent and adulthood.

H_1: Child abuse influences children psychological health related problems during adolescent and adulthood.

Option/Questions	**6**	**7**	**8**	**Total**
SA	70	107	57	234
A	45	40	71	156
SD	15	03	17	35
D	20	00	05	25
Total	150	150	150	450

Source: Field Survey, (2025)

Expected frequency = $\frac{\text{(Column total) Row total}}{\text{Grand total}}$

$R_1C_1 = \frac{150 \times 234}{450} = 78$

$R_2C_1 = \frac{150 \times 156}{450} = 52$

$R_3C_1 = \frac{150 \times 35}{450} = 11.67$

$R_4C_1 = \frac{150 \times 25}{450} = 8.33$

Contingency Table

Table (i) Contingency Table for Hypothesis II

O	E	(o-e)	$(o-e)^2$	$(o-e)^{2/e}$
70	78	-8	64	0.82
45	52	-7	49	0.94
15	11.67	3.33	11.09	0.95
20	8.33		58.83	4.30
107	78	-11.67	136.19	3.52
40	52	-3.33	11.09	0.42
03	11.67	2.67	7.13	0.63
00	8.33	11.67	136.19	16.35
57	78	21	441	5.65
71	52	19	361	6.94
17	11.67	5.33	28.41	2.43
05	8.33	-3.33	11.09	1.33
X^2				44.28

Calculated $X^2 = 44.28$

Degree of freedom = (r-1) (c-1)

= (4-1) (3-1)

= (3) (2)

= 6

& at 0.05 level = 12.592

44.28 > 12.592

Decision: Calculated X^2 is greater than critical X^2, therefore reject H_0 which states that child abuse does not influence children psychological health related problems during adolescent and adulthood and accept the alternative H_1.

Decision: We accept H_1 which states that child abuse influences children psychological health related problems during adolescent and adulthood.

Hypotheses III

H_0: There is no relationship between child abuse and emotional and psychological trauma experience during adolescent.

H_1: There is relationship between child abuse and emotional and psychological trauma experience during adolescent.

Option/Questions	**11**	**12**	**13**	**Total**
SA	65	67	32	164
A	60	66	90	216
SD	15	10	20	45
D	10	07	08	25
Total	150	150	150	450

Source: Field Survey, (2025)

Expected frequency = $\frac{\text{(Column total) Row total}}{\text{Grand total}}$

$R_1C_1 = \frac{150 \times 164}{450} = 54.67$

$R_2C_1 = \frac{150 \times 216}{450} = 72$

$R_3C_1 = \frac{150 \times 45}{450} = 15$

$R_4C_1 = \frac{150 \times 25}{450} = 8.33$

Contingency Table

Table (i) Contingency Table for Hypothesis III

O	E	(o-e)	$(o-e)^2$	$(o-e)^{2/e}$
65	54.67	10.33	106.71	1.95
60	72	-12	144	2.00
15	15	0	0	0
10	8.33	1.67	2.79	0.33
67	54.67	12.33	152.03	2.78
66	72	-6	36	0.5
10	15	-5	25	1.67
07	8.33	-1.33	1.77	0.21
32	54.67	-22.67	513.93	9.40
90	72	18	324	4.5
20	15	5	25	1.67
08	8.33	-0.33	0.11	0.01
X^2				25.02

Calculated $X^2 = 25.02$

Degree of freedom = (r-1) (c-1)

= (4-1) (3-1)

= (3) (2)

= 6

& at 0.05 level = 12.592

25.02 > 12.592

Decision: Calculated X^2 is greater than critical X^2, therefore reject H_0 which states that there is no relationship between child abuse and emotional and psychological trauma experience during adolescent and accept the alternative H_1.

Decision: We accept H_1 which states that there is relationship between child abuse and emotional and psychological trauma experience during adolescent.

Discussion of Finding

The result revealed that calculated X^2 value of 25.02 was gotten, greater than critical X^2 value of 12.592, therefore the null hypothesis one (H_0) is rejected which states that there is no relationship between child abuse and psychological development problem in children, and the alternative hypothesis one (H_1), accepted which states that there is relationship between child abuse and psychological development problem in children. This finding affirms extant literature by Street and Arias (2001) and Hartley (2002) who found that psychologically abused children have been shown to have lower self-

efficacy, higher depression, lower self-esteem, and increased risk of posttraumatic stress disorders than non-abused children.

The test of hypothesis two indicted that the calculated X^2 value is 29.14 greater than critical X^2 value of 12.592, this implies that the null hypothesis two is rejected (H_{02}) which states that child abuse does not influence children psychological health related problems during adolescent and adulthood and the alternative hypothesis two is accepted (H_1), which states that child abuse influences children psychological health related problems during adolescent and adulthood. This finding corroborates with Nyarko, Amissah, Addai and Dedzo (2014) study on the effect of child abuse on children's psychological health. The result revealed that how that both physical and psychological abuses lead to a significant increase in children's depression and anxiety.

In the test of hypothesis three it was observed that calculated X^2 values is 24.73 greater than critical X^2 value of 12.592. This implies that the null hypothesis three is rejected (H_0) which states that there is no relationship between child abuse and emotional and psychological trauma experience during adolescent and the alternative accepted (H_1), which states that there is relationship between child abuse and emotional and psychological trauma experience during adolescent. This finding supports the study by Hussey, Chang and Kotch (2006) revealed that patterns of abusive behaviour can lead to a number of physical or emotional impairments or even possibly death. The study shows that the common repercussions of child abuse include

developmental complications, violent behaviours, such as aggression, and the possibility of developing various adult mental health disorders.

CHAPTER FIVE

SUMMARY OF FINDINGS, CONCLUSION AND RECOMMENDATIONS

5.1 Introduction

This chapter as the final part of the study tries to integrate the findings in chapter four into summary of finding, conclusion, recommendations and Social Work Implications.

5.2 Summary of Findings

Based on data sourced from the targeted respondents in Ovia North East Local Government area who are basically within childhood age but able to respond to the questionnaire, the following are summarized;

The analysis of research question one revealed that child abuse could increase risk for a number of problematic developmental in children and that child abuse negatively affect behavioural development of children as they grow. The finding reveals that choric child abuse leads to low self-esteem as well as severe dissociative states and that the age and developmental status of the child may influence the effect and outcomes of abuse experienced. The result shows that child abuse can cause negative behavioural tendencies in a child as he/she grows.

The result of test of research question two shows that child abuse could lead to physical injuries or partial or permanent disability of the child and that child abusive behaviour can lead to a number of physical or emotional impairments. The finding indicates that child abuse has strong patterns of familial violence in adults who have a

history of childhood physical abuse and that chronic child abuse can lead to brain dysfunction in later part of the victims' life. The result shows that child abuse could cause neurological inherent behaviour in the victim.

The test of research question three reveals that childhood abuse is associated with negative health outcomes and adolescent violent behaviours and that childhood abuse has the tendencies of instilling negative emotional behaviour towards other human being. The finding shows that the trauma experienced during childhood abuse could negative affect affectionate behavioural attributes of the victim and that child abuse can cause chronic trauma and persistent psychological and behavioural problems. The result shows that child abuse can lead to poor feelings and consideration for siblings because of poor emotional attachment.

5.3 Conclusion

Based on the results from the findings of this study the following conclusion will be given in line with the main objective.

i. There is relationship between child abuse and psychological development problem in children.
ii. Child abuse influences children psychological health related problems during adolescent and adulthood.
iii. There is relationship between child abuse and emotional and psychological trauma experience during adolescent.

5.4 Recommendations

Given that both physical and psychological child abuses have enormous adverse influence on the psychological development problem in terms of their self-esteem, depression, and anxiety. The following recommendations were made;

i. Parents and all relevant stakeholders as well as care givers should be careful about their interactions with children. They need to use empirically-driven behavioural modification techniques that are proven to positively shape behaviour. Physical abuse (e.g. spanking) and psychological "torture" for example ridicule of children should avoided, shaping and other effective methods of changing behavior should be adopted.
ii. Child and Social Protection in Edo State should take proactive measures to control the incidence of physical and psychological child abuse in Edo.
iii. The Government should establish functional legal policies that can be used to reduce or prevent physical child abuse; educate the people, affective training, as well as attitudinal change may be effective control measures against psychological child abuse.

5.5 Social Work Implications

Based on the finding of this study the following social work implications were given to buttress the above recommendations:

1. Evidence have shown that the social work profession has a long tradition of involvement with the child welfare system, working to support thousands of children and their families who are victims of child abuse and neglect every year.
2. Social workers are one of the professional groups working with victims and their families, and with perpetrators and their families, and together with social workers, are the experts most likely to be offering therapeutic programs.
3. In the incidence of physical and sexual abuse intervention group including social work experts and professionals from different agencies should make special arrangements to work as a team on the same cases using 'multi-problem cases' method that handle the incidence of abuse.
4. Social work support efforts should be made to address the importance of culturally competent and linguistically appropriate services for children and families and support analysis and evaluation of research- and evidence-based practices that are effective across populations and well-suited to specific populations.
5. Allocate increased resources to support community-based child abuse prevention activities through the full funding and quick reauthorization of the Child Abuse Prevention and Treatment Act (CAPTA). CAPTA programs support innovations in state child protective services as well as research, training, data collection, technical assistance, and program evaluation.

REFERENCES

Ainsworth, M. D. S., Blehan, M. C., Waters, E., & Wall, S. (2009). *Patterns of attachment: A psychological study of the strange situation.* Hillsdale, N.J.: Erlbaum.

Akpan, N. & Oluwabamide, A.J. (2010). The Menace of Child Abuse in Nigeria: A Case Study of Street Hawking in Uyo, Akwa Ibom State. *Journal of Social Science, 24* (3), 189 192.

Alexander, P. (2009). Childhood trauma, attachment, and abuse by multiple partners. Psychological Trauma: Theory. *Research, Practice, and Policy, 1* (1), 78-88.

American Psychological Association (2020). Experiencing childhood trauma makes body and brain age faster. Science Daily, August 3rd 2020.

Bandura, A. (1977). *Social learning theory*. Englewood Cliffs, New Jersey: Prentice-Hall.

Bassey, E.N., Baghebo, M. & Otu, C.A. (2012). Child labour in Nigeria and its economic implications: A case study of Calabar municipality. *Research on Humanities and Social Sciences, 2* (9), 149-159.

Becker-Blease, K. A. (2017). As the world becomes trauma–informed, work to do. *Journal of Trauma & Dissociation, 18* (2), 131–138.

Bowlby, J. (1989). *Secure attachment.* New York: Basic Books.

Chang, J. J., Theodore, A. D., Martin, S. L., & Runyan, D. K. (2008). Psychological abuse between parents: Associations with child maltreatment from a populationbased sample. *Child Abuse and Neglect 32,* 819–829.

Choi, N. G., DiNitto, D. M., Marti, C. N. & Choi, B. Y. (2017). Association of adverse childhood experiences with lifetime mental and substance use disorders among men and women aged 50+ years. *International Psychogeriatrics Journal, 29*, 359–372.

Chukwu, L. (2020). The effect of child abuse and child neglect. *International Journal of Academia Education, 4* (2), 1 – 54.

Cicchetti, D. & Olsen, K. (1990). The developmental psychopathology of child maltreatment. Handbook of Developmental Psychopathology. New York: Plenum Press.

Cicchetti, D. & Tucker, D. (1994). Development and self-regulatory structures of the mind. *Developmental Psychopathology Journal,* 6, 533–549.

Cicchetti, D. & White, J. (1990). Emotion and developmental psychopathology. In: Stein, N.L., Leventhal, B.L., Trabasso, T. (Eds.), Psychological and Biological Approaches to Emotion. Lawrence Erlbaum Associates, Hillsdale, New Jersey, pp. 359–382.

Cicchetti, D. (2017). Biological and behavioral effects of early adversity on multiple levels of development. *Developmental Psychopathology Journal, 29* (5) 1517-1986.

Coohey, C., Renner, L. M., Hua, L., Zhang, Y. J., & Whitney, S. D. (2011). Academic achievement despite child maltreatment: A longitudinal study. *Child Abuse and Neglect*, *35* (9), 688-699.

Cox, C. E., Kotch, J. B., & Everson, M. D. (2003). A longitudinal study of modifying influences in the relationship between domestic violence and child maltreatment. *Journal of Family Medicine*, *18* (1), 5–17.

Craig, C. & Sprang, G. (2007). Trauma exposure and child abuse potential: Investigating the cycle of violence. *American Journal of Orthopsychiatry, 77* (2), 296-305.

Crosson-Towner, C. (2005). Understanding child abuse and neglect. Boston: Allyn and Bacon.

Crouch, J. L., Milner, J.S., Skowronski, J. J., Farc, M.M., Irwin, L.M., & Neese, A. (2010). Automatic encoding of ambiguous child behavior in high and low risk for child physical abuse parents. *Journal of Family Violence,* 25, 73 – 80.

Ditzen, B. & Heinrichs. M. (2014). Psychobiology of social support: The social dimension of stress buffering. *Restorative Neurology and Neuroscience* 32.1: 149–162.

Evans, E., Hawton, K. & Rodham, K. (2005). Suicidal phenomena and abuse in adolescents: A review of epidemiological studies. *Child Abuse and Neglect, 29* (1), 45-58.

Fahrudin, A. (2016). Child abuse and neglect: Psychological impact and role of social work. *International Journal of Social Work, 3* (1), 65 – 75.

Fayaz, I. (2019). Child abuse: Effects and preventive measures. *The International Journal of Indian Psychology*, 7 (2), 872 – 884.

Fox, K., Robson, S. & Gover, A. (2005). The intergenerational transmission of violence: A Gender-Based Analysis of Social Learning Theory. American Society of Criminology. Retrieved August 10, 2020 from http://www.allacademic.com/ meta/p 327 46_index.html.

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

Gilbert, R., Widom, C. S., Browne, K., Fergusson, D., Webb, E. & Janson S. (2019). Burden and consequences of child maltreatment in high-income countries. *Lancet,* 373, 68-81.

Go-Un, K. & Mi-Young, K. (2020). The effectiveness of psychological interventions for women traumatized by sexual abuse: A Systematic Review and Meta-Analysis. *Journal Issues in Mental Health Nursing, 41* (6), 1-10.

Greenwood, M. (2020). Moderate-to-high posttraumatic stress common after exposure to trauma, violence. Yale School of Public Health.

Hackman, D.A., Farah, M.J. & Meaney, M.J. (2010). Socioeconomic status and the brain: Mechanistic insights from human and animal research. *National Review of Neurosciences, 11* (9), 651–659.

Hartley, C. C. (2002). The co-occurrence of child maltreatment and domestic violence: Examining both neglect and child physical abuse. *Child Maltreatment, 7* (4), 349–358.

Horton, D. L., & Turnage, T. W.*Human learning.* Englewood Cliffs, N.J.: Prentice-Hall, 1976.

Hussey, J., Chang, J. & Kotch, J. (2006). Child maltreatment in the United States: Prevalence, risk factors, and adolescent health consequences. *Pediatrics Journal*, *118* (3), 933-942.

Kavanaugh, B.C., Dupont-Frechette, J. A., Jerskey, B.A. & Holler, K. A. (2016). Neurocognitive deficits in children and adolescents following maltreatment: Neuro-developmental consequences and neuropsychological implications of traumatic stress. *Applied Neuropsychology Child Journal,* 6, 64–78.

Lamphear, V. S. (1985). The impact of maltreatment on children's psychosocial adjustment: A review of the research. *Child Abuse & Neglect, 9* (2), 251-263.

Legg, T. J. (2018). Child emotional and psychological abuse. Retrieved August 9, 2020 from https://www.healthline.com/health/child-neglect-and-psychological-abuse

Legg, T. J. (2020), What is trauma? What to know. Medical News Today.com.

Maestripieri, D. & Carroll, K. (1998). Child abuse and neglect: Usefulness of the animal data. *Psychological Bulletin, 123* (3), 211-223.

Maestripieri, D. & Carroll, K. A. (1998). Child abuse and neglect: Usefulness of the animal data. *Psychological Bulletin, 123* (3), 211–223.

Mapp, S. (2006). The effects of sexual abuse as a child on the risk of mothers physically abusing their children: A path analysis using systems theory. *Child Abuse and Neglect, 30* (11), 1293-1310.

Margolin, G., & Gordis, E. B. (2003). Co-occurrence between marital aggression and parents' child abuse potential: The impact of cumulative stress. *Violence and Victims, 18* (3), 243–258.

Miller, A. B., Esposito-Smythers, C., Weismoore, J. T. & Renshaw, K. D. (2013). The relation between child maltreatment and adolescent suicidal behavior: A systematic review and critical examination of the literature. *Clinical Child and Family Psychology Review*, April, 2013.

Miller, K. E., Cranston, C. C., Davis, J. L., Newman, E., & Resnick, H. (2015). Psychological outcomes after a sexual assault video intervention: A randomized trial. *Journal of Forensic Nursing*, 11 (3), 129–136.

Njoku, G. (2019). Unprecedented report reveals true cost of violence against children. UNICEF Research Report 11th March 2019. Retrieved August 8, 2020 from https://www.unicef.org/ nigeria/press-releases/unprecedented-report-reveals-true-cost-violence-against-children

Nyarko, K., Amissah, C.M., Addai, P. & Dedzo, B. Q. (2014). The effect of child abuse on children's psychological health. *Psychology and Behavioral Sciences, 3* (4), 105-112

Olatosi, O. O., Ogordi, P. U., Oredugba, F. A. & Sote, E. O. (2018). Experience and knowledge of child abuse and neglect: A survey among a group of resident doctors in Nigeria. *Nigerian Postgraduate Medical Journal, 25* (4), 225 – 233.

Oshri, A., Rogosch, F.A., Burnette, M. & Cicchetti, D. (2011). Developmental pathways to adolescent cannabis abuse and dependence: child maltreatment, emerging personality, and internalizing versus externalizing psychopathology. *Psychological Addiction Behaviour Journal,* 25, 634–644.

Pelaez-Nogueras, M., Gewirtzk, J. L., Field, T. & Cigales, M. (1996). Infants' preference for touch stimulation in the face-to-face interactions. *Journal of Applied Developmental Psychology,* 17, 199 – 213.

Pereda, N., Guilera, G., Forns, M., & Gómez-Benito, J. (2009). The prevalence of child sexual abuse in community and student samples: A meta-analysis. *Clinical Psychology Review*, 29 (4), 328–338.

Pollak, S. D. (2015). The impact of child maltreatment on the psychosocial development of young Children. Encyclopedia on Early Childhood Development.

Robinson, L., Smith, M. & Sega, J. (2020). Emotional and psychological trauma. https://www.helpguide.org/articles/ptsd-trauma/coping-with-emotional-and-psychological-trauma.htm

Rodriguez, C.M. (2010). Parent-child aggression: Association with child abuse potential and parenting styles. Violence and Victims, 25, 728–741.

Rodriguez, N., Ryan, S.W., Rowan, A.B. & Foy, D.W. (2006). Post-traumatic stress disorder in a clinical sample of adult survivors of childhood sexual abuse. *Child Abuse and Neglect*, 20 *(10),* 943-952.

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

Street, A. E. & Arias, I. (2001). Psychological abuse and post-traumatic stress disorder in battered women: Examining the roles of shame and guilt. *Journal of Violence and Victims, 16* (1), 65–78.

Tarabulsy, G. M., Pascuzzo, K.,Moss, E., St-Laurent, D., Bernier, A., Cyr, C. & Dubois-Comtois, K. (2008). Attachment-based intervention for maltreating families. *American Journal of Orthopsychiatry, 78* (3), 322–332.

Vasileva, M. & Petermann, F. (2016). Attachment, development, and mental health in abused and neglected preschool children in foster care: A meta-analysis. *Sage Journals*

Veltman, M. & Browne, K. (2001). Three decades of child maltreatment research: Implications for the school years. *Trauma, Violence and Abuse*, *2* (3), 215-239.

WHO (2020). Child maltreatment. Retrieved August 8, 2020 form: https://www.who.int/news-room/fact-sheets/detail/child-maltreatment

Williams, L. M., Debattista, C., Duchemin, A. M., Schatzberg, A. F. & Nemeroff, C. B. (2016). Childhood trauma predicts antidepressant response in adults with major depression: Data from the randomized international study to predict optimized treatment for depression. *Translational Psychiatry, 6*, e799.

Wolfe, D. (1999). *Child abuse: Implications for child development and psychopathology* (Vol. 10, 2nd Eds.). Thousand Oaks: Sage Publications.

Zlotnick, C., Mattia, J. & Zimmerman, M. (2001). Clinical features of survivors of sexual abuse with major depression. *Child Abuse and Neglect,* 25, 357-367.

APPENDIX

QUESTIONNAIRE

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

Dear Sir/Madam,

I am 400 student of the Department of Social Work, "**The Implication of Child Abuse on Psychological Maturation in Ovia North East Local Government Area in Edo State, Edo State**". You are kindly requested to respond to this questionnaire as honestly as you can. Your opinion or information supplied will be used purely for the academic purpose intended; and such information will be treated with utmost confidentiality.

Thanks for your anticipated cooperation's.

Yours faithfully,

Akeemu Yenusa

Researcher

Demographic Characteristic of Respondents

Section A:

1. Age: (a) 8-12 years ( ), (b), 13-17 years ( ), (c) 18 and above years ( ).
2. Gender: (a) Male ( ), (b) Female ( )
3. Religion: (a) Christian ( ), (b) Muslim ( ), African Traditional Religion ( ), Others ( ).

Section B: THE PSYCHOLOGICAL IMPACT OF CHILD ABUSE

SECTION I.

ITEM	**What is the Relationship between Child Abuse and Psychological Developmental Problem in Children?**	**OPTION**			
S/N	**QUESTIONS**	**SA**	**A**	**SD**	**D**
1.	Child abuse increased risk for a number of problematic developmental in children				
2.	Child abuse negatively affect behavioural development of children as they grow				
3.	Choric child abuse leads to low self-esteem as well as severe dissociative states				
4.	The age and developmental status of the child may influence the effect and outcomes of abuse experienced				
5.	Child abuse can cause negative behavioural tendencies in a child as he/she grows				

SECTION II

ITEM	**Does Child Abuse Influences Children Psychological Health Related Problems During Adolescent and Adulthood?**	**OPTION**			
S/N	**QUESTIONS**	**SA**	**A**	**SD**	**D**
1.	Child abuse could lead to physical injuries or partial or permanent disability of the child				
2.	Child abusive behaviour can lead to a number of physical or emotional impairments				
3.	Child abuse has strong patterns of familial violence in adults who have a history of childhood physical abuse				
4.	Chronic child abuse can lead to brain dysfunction in later part of the victims life				
5.	Child abuse could cause neurological inherent baviour in the victim				

SECTION III

ITEM	What is the Relationship between Emotional and Psychological Trauma Experience During Adolescent?	OPTION			
S/N	**QUESTIONS**	**SA**	**A**	**SD**	**D**
1.	Childhood abuse is associated with negative health outcomes and adolescent violent behaviours				
2.	Childhood abuse has the tendencies of instilling negative emotional beviour towards other human being				
3.	The trauma experienced during childhood abuse could negative affect affectionate bevioural attributes of the victim				
4.	Child abuse can cause chronic trauma and persistent psychological and behavioural problems				
5.	Child abuse can lead to poor feelings and consideration for siblings because of poor emotional attachment				