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Child Maltreatment in the Worldwide: A Review Article

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Abstract

Child abuse is a recognized public health and social problem in the worldwide. According to the World Health Organization (WHO), child abuse includes all forms of physical and/or emotional ill-treatment, sexual abuse, neglect and negligent treatment and exploitation. Child maltreatment is a global problem with serious life-long consequences. In spite of recent national surveys in several low- and middle-income countries, data from many countries are still lacking. Estimates of child maltreatment indicate that nearly a quarter of adults (22.6%) worldwide suffered physical abuse as a child, 36.3% experienced emotional abuse and 16.3% experienced physical neglect, with no significant differences between boys and girls. However, the lifetime prevalence rate of childhood sexual abuse indicates more marked differences by sex – 18% for girls and 7.6% for boys. The lifelong consequences of child maltreatment include impaired physical and mental healthe, poorer school performance, and job and relationship difficulties. Ultimately, child maltreatment can contribute to slowing a country's economic and social development. We conclude that child maltreatment is a widespread, global phenomenon affecting the lives of millions of children all over the world, which is in sharp contrast with the United Nation's Convention on the Rights of the Child.

Key words: Child abuse, Child maltreatment, Violence, Worldwide.

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Introduction

Child abuse is the physical, sexual or emotional maltreatment or neglect of a child or children (1). In the United States, the Centers for Disease Control and Prevention (CDC) and the Department for Children and Families (DCF) define child maltreatment as any act or series of acts of commission or omission by a parent or other caregiver that results in harm, potential for harm, or threat of harm to a child (2). Child abuse can occur in a child's home, or in the organizations, schools or communities the child interacts with. There are four major categories of child abuse: neglect, physical abuse, psychological or emotional abuse, and sexual abuse.

In Western countries, preventing child abuse is considered a high priority, and detailed laws and policies exist to address this issue. Different jurisdictions have developed their own definitions of what constitutes child abuse for the purposes of removing a child from his/her family and/or prosecuting a criminal charge. According to the *Journal of Child Abuse and Neglect*, child abuse is "any recent act or failure to act on the part of a parent or caretaker which results in death, serious physical or emotional harm, sexual abuse or exploitation, an act or failure to act which presents an imminent risk of serious harm"(3).

Methods and Materials

The current study was a review survey which was conducted to evaluate some information of children's Attention deficit hyperactivity disorder that is mentioned in science website by studying articles and books science texts. To evaluate the texts, the singular or combination forms of the following keywords were used: "Child abuse", "Prevalence", "Child maltreatment", "Violence" and "Worldwide".

To evaluate the electronic Persian databases the following websites were searched: Google, Scientific information database (SID), Ministry of healthcare, Medical articles library of Iran (medlib.ir), Iranian research institute for information (Iran Doc), publication database (Magiran, Iran medex), and also search in other electronic databases such as Google Scholar, Scopus, Medline and PubMed. Also, library search was performed by referring to the journal archives of libraries, and evaluating the available Persian and English references such as text books and also articles of research-scientific and educational journals, and articles of the annual seminar of medicine and psychology.

Results

Types

Child abuse can take several forms: the four main types are physical, sexual, psychological, and neglect (4, 5). According to the 2010 Child Maltreatment Report, National Child Abuse and Neglect Data System (NCANDS), a yearly Federal report based on submission by state Child Protective Services (CPS) Agencies in the U.S., "as in prior years, neglect was the most common form of maltreatment." The cases were substantiated as follows: neglect 78.3%, physical abuse 17.6%, sexual abuse 9.2%, and psychological maltreatment 8.1%. Often, these are cases in which the primary problem is family poverty" (6, 7).

Physical abuse

Physical abuse involves physical aggression directed at a child by an adult. Most nations with child-abuse laws consider the deliberate infliction of serious injuries, or actions that place the child at obvious risk of serious injury or death, to be illegal. Bruises,

scratches, burns, broken bones, lacerations, as well as repeated "mishaps," and rough treatment that could cause physical injury, can be physical abuse (8). Multiple injuries or fractures at different stages of healing can raise suspicion of abuse. Physical abuse can come in many forms, although the distinction between child discipline and abuse is often poorly defined. However, the Human Rights Committee of the United Nations has stated that the prohibition of degrading treatment or punishment extends to corporal punishment of children (9, 10). Since 1979, 34 countries around the world (at 2013) have outlawed domestic corporal punishment of children (11).

In Europe, 22 countries have banned the practice. Cultural norms about what constitutes abuse vary widely: among professionals as well as the wider public, people do not agree on what behaviors constitute abuse (12). Some professionals claim that cultural norms that sanction physical punishment are one of the causes of child abuse, and have undertaken campaigns to redefine such norms (13-15).

Sexual abuse

Child Sexual Abuse (CSA) is a form of child abuse in which an adult or older adolescent abuses a child for sexual stimulation (16). Sexual abuse refers to the participation of a child in a sexual act aimed toward the physical gratification or the financial profit of the person committing the act (8, 17). Forms of CSA include asking or pressuring a child to engage in sexual activities (regardless of the outcome), indecent exposure of the genitals to a child, displaying pornography to a child, actual sexual contact with a child, physical contact with the child's genitals, viewing of the child's genitalia without physical contact, or using a child to produce child pornography(16,18,19). Selling the sexual services of children may be viewed and treated as child abuse with services offered to the child rather than simple incarceration (20). Effects of child sexual abuse on the victim(s) include guilt and self-blame, flashbacks, nightmares, insomnia, fear of things associated with the abuse (including objects, smells, places, doctor's visits, etc.), self-esteem issues, sexual dysfunction, chronic pain, addiction, self-injury, suicidal ideation, somatic complaints, depression, post-traumatic stress disorder, anxiety, other mental illnesses including borderline personality disorder and dissociative identity disorder, propensity to re-victimization in adulthood, bulimia nervosa, and physical injury to the child, among other problems(21-28).

Psychological/emotional abuse

Emotional abuse is defined as the production of psychological and social defects in the growth of a child as a result of behavior such as loud yelling, coarse and rude attitude, inattention, harsh criticism, and denigration of the child's personality(8). Other examples include name-calling, ridicule, degradation, destruction of personal belongings, torture or killing of a pet, excessive criticism, inappropriate or excessive demands, withholding communication, and routine labeling or humiliation. Victims of emotional abuse may react by distancing themselves from the abuser, internalizing the abusive words, or fighting back by insulting the abuser. Emotional abuse can result in abnormal or disrupted attachment development, a tendency for victims to blame themselves (self-blame) for the abuse, learned helplessness, and overly passive behavior (29).

Neglect

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, and well-being are threatened with harm. 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 lacking in attention, love, and nurture (8). Some of the observable signs in a neglected child include: the child is frequently absent from school, begs or steals food or money, lacks needed medical and dental care, is consistently dirty, or lacks sufficient clothing for the weather (30). Neglected children may experience delays in physical and psychosocial development, possibly resulting in psychopathology and impaired neuropsychological functions including executive function, attention, processing speed, language, memory and social skills(31). Researchers investigating maltreated children have repeatedly found that neglected children in foster and adoptive populations manifest different emotional and behavioral reactions to regain lost or secure relationships and are frequently reported to have disorganized attachments and a need to control their environment. Such children are not likely to view caregivers as being a source of safety, and instead typically show an increase in aggressive and hyperactive behaviors which may disrupt healthy or secure attachment with their adopted parents. These children have apparently learned to adapt to an abusive and inconsistent caregiver by becoming cautiously self-reliant, and are often described as glib, manipulative and disingenuous in their interactions with others as they move through childhood (32). 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.

Child maltreatment ("child abuse")

World Health Organization has reported that approximately 20% of women and 5–10% of men report being sexually abused as children, while 25–50% of all children report being physically abused. The lifelong consequences of child maltreatment include impaired physical and mental health, poorer school performance, and job and relationship difficulties. Ultimately, child maltreatment can contribute to slowing a country's economic and social development (33). Results showed that 23% of adults report has been the victim of physical abuse as children (Figure.1) (34, 35).

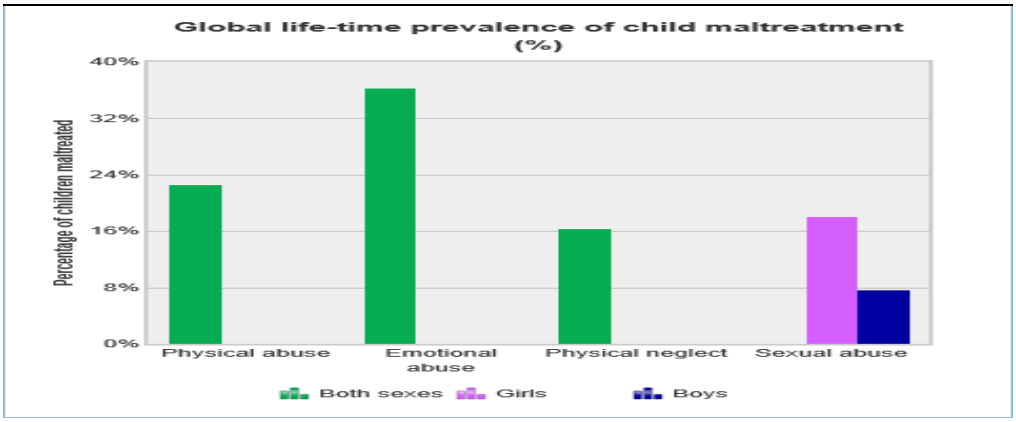

Fig.1: Stoltenborgh et al., 2011, 2012a-c, as quoted in the Global status report on violence prevention, 2014

Child maltreatment, 2012–2014

Estimates of child maltreatment indicate that nearly a quarter of adults (22.6%) worldwide suffered physical abuse as a child, 36.3% experienced emotional abuse and 16.3% experienced physical neglect, with no significant differences between boys and girls. However, the lifetime prevalence rate of childhood sexual abuse indicates more marked differences by sex – 18% for girls and 7.6% for boys (35, 36).

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Key facts

- A quarter of all adults report having been physically abused as children.
- One in 5 women and 1 in 13 men report having been sexually abused as a child.
- Consequences of child maltreatment include impaired lifelong physical and mental health, and the social and occupational outcomes can ultimately slow a country's economic and social development.
- Preventing child maltreatment before it starts is possible and requires a multisectoral approach.
- Effective prevention programmes parents and teach positive parenting skills.
- Ongoing care of children and families can reduce the risk of maltreatment reoccurring and can minimize its consequences.
- Child maltreatment is the abuse and neglect that occurs to children under 18 years of age. It includes all types of physical and/or emotional ill-treatment, sexual abuse, neglect, negligence and commercial or other exploitation, which results in actual or potential harm to the child's health, survival, development or dignity in the context of a relationship of responsibility, trust or power. Exposure to intimate partner violence is also sometimes included as a form of child maltreatment (34).

Scope of the problem

Child maltreatment is a global problem with serious life-long consequences. In spite of recent national surveys in several low- and middle-income countries, data from many countries are still lacking.

Child maltreatment is complex and difficult to study. Current estimates vary widely depending on the country and the method of research used. Estimates depend on:

- the definitions of child maltreatment used;
- the type of child maltreatment studied;
- the coverage and quality of official statistics;
- the coverage and quality of surveys that request self-reports from victims, parents or caregivers.

Nonetheless, international studies reveal that a quarter of all adults report having been physically abused as children and 1

in 5 women and 1 in 13 men report having been sexually abused as a child. Additionally, many children are subject to emotional abuse (sometimes referred to as psychological abuse) and to neglect.

Every year, there are an estimated 41 000 homicide deaths in children under 15 years of age. This number underestimates the true extent of the problem, as a significant proportion of deaths due to child maltreatment are incorrectly attributed to falls, burns, drowning and other causes.

In armed conflict and refugee settings, girls are particularly vulnerable to sexual violence, exploitation and abuse by combatants, security forces, members of their communities, aid workers and others (34).

Consequences of maltreatment

Child maltreatment causes suffering to children and families and can have long-term consequences. Maltreatment causes stress that is associated with disruption in early brain development. Extreme stress can impair the development of the nervous and immune systems. Consequently, as adults, maltreated children are at increased risk for behavioral, physical and mental health problems such as:

- Perpetrating or being a victim of violence;
- Depression;
- Smoking;
- Obesity;
- High-risk sexual behaviors;
- Unintended pregnancy;
- Alcohol and drug misuse.

Via these behavioral and mental health consequences, maltreatment can contribute to heart disease, cancer, suicide and sexually transmitted infections.

Beyond the health and social consequences of child maltreatment, there is an economic impact, including costs of hospitalization, mental health treatment, child welfare, and longer-term health costs (34).

Risk factors

A number of risk factors for child maltreatment have been identified. These risk factors are not present in all social and cultural contexts, but provide an overview when attempting to understand the causes of child maltreatment.

Child

It is important to emphasize that children are the victims and are never to blame for maltreatment. A number of characteristics of an individual child may increase the likelihood of being maltreated:

- Being either under four years old or an adolescent;
- Being unwanted, or failing to fulfill the expectations of parents;
- Having special needs, crying persistently or having abnormal physical features (34).

Parent or caregiver

A number of characteristics of a parent or caregiver may increase the risk of child maltreatment. These include:

- Difficulty bonding with a newborn;
- Not nurturing the child;

- Having been maltreated themselves as a child;
- Lacking awareness of child development or having unrealistic expectations;
- Misusing alcohol or drugs, including during pregnancy;
- Being involved in criminal activity;
- Experiencing financial difficulties (34).

Relationship

A number of characteristics of relationships within families or among intimate partners, friends and peers may increase the risk of child maltreatment. These include:

- Physical, developmental or mental health problems of a family member;
- Family breakdown or violence between other family members;
- Being isolated in the community or lacking a support network;
- A breakdown of support in child rearing from the extended family.

Community and societal factors

A number of characteristics of communities and societies may increase the risk of child maltreatment. These include:

- Gender and social inequality;
- Lack of adequate housing or services to support families and institutions;
- High levels of unemployment or poverty;
- The easy availability of alcohol and drugs;
- Inadequate policies and programmes to prevent child maltreatment, child pornography, child prostitution and child labour;
- Social and cultural norms that promote or glorify violence towards others, support the use of corporal punishment, demand rigid gender roles, or diminish the status of the child in parent–child relationships;
- Social, economic, health and education policies that lead to poor living standards, or to socioeconomic inequality or instability (34, 35).

The World Health Organization (WHO) estimates that 40 million children aged below 15 years fall victim to violence each year. The ensuing traumas vary according to the gravity of the violence and the child's personal experience and can, in the long run, have medical and psychosocial consequences.

WHO defines violence to children as child maltreatment in all its forms i.e. physical and/or emotional maltreatment, sexual molestation, abandon or neglect, commercial and other forms of exploitation, causing actual or potential harm to the health of the child, their survival, their development or their dignity in the context of a relation of responsibility, confidence or power.

Child maltreatment is often accompanied by verbal violence which consists in denying children their personality, hurling abusive words at them or forbidding them to enquire about their rights and/or to carry out their activities. This psychological violence results in discrediting and depriving the child and can cause the child to be misunderstood or be delinquent. The ensuing traumas could be medical, causing physical wounds, shock or serious lesions. They could also be psychiatric, leaving behind emotional memories of a painful event deep-rooted in the brain. Sexual violence has serious consequences such as

unwanted pregnancies, Sexually Transmitted Diseases (STDs) including HIV/AIDS, and indirect consequences like alcoholism, drug addiction, sexual deviance, and difficulty in or refusal of sexual intercourse. Sexual violence can also cause fear, anxiety, depression as well as disorders relating to behavior, sleep, feeding, and speech, and may even result in suicide, or suicide attempt.

Female genital mutilation, considered not only as a form of sexual violence but also as a violation of children's rights, involves partial or total removal of the clitoris and other sex organs of girls. They lead to serious infections, profuse bleeding, and septicaemia, painful sexual intercourse, difficult menstruation, impaired urine retention, risks of sexually transmitted infections, including HIV/AIDS, painful delivery and depression. The scope of the problem of female genital mutilation is such that WHO has drawn up a responsive plan of action for the African Region.

Children falling victim to violence do so mainly within the family, within the community, at the institutional level or as a result of war. In times of war, children exposed to various forms of violence undergo traumas that can interrupt their process of development, trigger serious psychical disorders and turn them into delinquents and lifetime criminals.

Children who are themselves not victims of, but do witness, the perpetration of violence can subsequently grow violent themselves. According to experts, such children are more likely to beat up their partners when they become adults compared to their counterparts brought up in non-violent homes.

The greater the trauma suffered from violence, the more serious are the ensuing problems, mental and psychosocial, in particular. The situation is further aggravated by weaknesses in prevention activities, and especially by lack of access to affordable treatment. The social and monetary cost of violence is estimated at several millions of United States Dollars (33-39).

Prevention

Preventing child maltreatment requires a multi sectoral approach. Effective programmes are those that support parents and teach positive parenting skills. These include:

- Visits by nurses to parents and children in their homes to provide support, education, and information;
- Parent education, usually delivered in groups, to improve child-rearing skills, increase knowledge of child development, and encourage positive child management strategies;
- Multi-component interventions, which typically include support and education of parents, pre-school education, and child care.

Other prevention programmes have shown some promise.

- Programmes to prevent abusive head trauma (also referred to as shaken baby syndrome, shaken infant syndrome and inflicted traumatic brain injury). These are usually hospital-based programmes targeting new parents prior to discharge from the hospital, informing of the dangers of shaken baby syndrome

and advising on how to deal with babies that cry inconsolably.
- Programmes to prevent child sexual abuse. These are usually delivered in schools and teach children about:

    - Body ownership;
    - The difference between good and bad touch;
    - How to recognize abusive situations;
    - How to say "no" ;
    - How to disclose abuse to a trusted adult.

Such programmes are effective at strengthening protective factors against child sexual abuse (e.g. knowledge of sexual abuse and protective behaviors), but evidence about whether such programmes reduce other kinds of abuse is lacking.

The earlier such interventions occur in children's lives, the greater the benefits to the child (e.g. cognitive development, behavioral and social competence, educational attainment) and to society (e.g. reduced delinquency and crime).

In addition, early case recognition coupled with ongoing care of child victims and families can help reduce reoccurrence of maltreatment and lessen its consequences.

To maximize the effects of prevention and care, WHO recommends that interventions are delivered as part of a four-step public health approach:

- Defining the problem;
- Identifying causes and risk factors;
- Designing and testing interventions aimed at minimizing the risk factors;
- Disseminating information about the effectiveness of interventions and increasing the scale of proven effective interventions (34, 36).

WHO 's child maltreatment prevention objectives are to:

- Raise awareness of the immediate and long-term health consequences of child maltreatment ;
- Highlight prevent ability ;
- Prioritize child maltreatment prevention in international and national health and development agendas;
- Reduce child maltreatment by supporting countries to increase capacity and establish child maltreatment prevention policies and programmes;
- Expand the global evidence base to cover more low- and middle-income countries (34-36).

How can violence against children be prevented?

There are two distinct types of violence experienced by children (defined by the United Nations as anyone aged 0-18 years): child maltreatment by parents and caregivers in children aged 0-14, and violence occurring in community settings among adolescents aged 15-18 years. These different types of violence can be prevented

by addressing the underlying causes and risk factors specific to each type.

Child maltreatment by parents and caregivers can be prevented by:

- Reducing unintended pregnancies;
- Reducing harmful levels of alcohol and illicit drug use during pregnancy;
- Reducing harmful levels of alcohol and illicit drug use by new parents;
- Improving access to high quality pre- and post-natal services;
- Providing home visitation services by professional nurses and social workers to families where children are at high-risk of maltreatment;
- Providing training for parents on child development, non-violent discipline and problem-solving skills.

Violence involving children in community settings can be prevented through:

- Pre-school enrichment programmes to give young children an educational head start;
- Life skills training;
- Assisting high-risk adolescents to complete schooling;
- Reducing alcohol availability through the enactment and enforcement of liquor licensing laws, taxation and pricing;
- Restricting access to firearms.

Improving the efficiency of pre-hospital and emergency medical care will reduce the risk of death, the time for recovery and the level of long-term impairment due to violence.

All violence against children and especially child maltreatment occurring in the first decade of life is both a problem in itself and a major risk factor for other forms of violence and health problems through a person's life. For instance, a WHO study estimated that the lifetime impact of child sexual abuse accounts for approximately 6% of cases of depression, 6% of alcohol and drug abuse/dependence, 8% of suicide attempts, 10% of panic disorders and 27% of post traumatic stress disorders. Other studies have also linked child physical abuse, sexual abuse and other childhood adversities to excessive smoking, eating disorders, and high-risk sexual behavior, which in turn are associated with some of the leading causes of death including cancers and cardiovascular disorders.

WHO supports countries to collect data and information related to violence against children, develop national violence prevention policies and programmes, and create systems for the provision of appropriate medico-legal and emergency trauma care (37 , 40).

Conclusion

In 1997, WHO identified violence as a public health problem, and its prevention as a global priority. The Organization has therefore urged its Member States to urgently take strategic decisions and make choices that can impact positively on integrated and comprehensive management of violence including the treatment of mental and behavioural disorders.

WHO has also recommended that Member States develop and/or strengthen mental health policies, promote multidisciplinary and multisectoral approach to care within the community, promote the education of communities including families and consumers, develop human resources, establish a community-based surveillance system and support violence prevention and

management research. Countries are urged to respect the human rights of children and make violence control a priority so as to reduce and even eradicate this scourge and its attendant traumas.

The right to grow up in an environment free of violence is a fundamental human right of the child as it is of all human beings. The Convention on the Rights of the Child (CRC) in its article 19 states: "States Parties shall take all appropriate legislative, administrative, social and educational measures to protect the child from all forms of physical or mental violence, injury or abuse, neglect or negligent treatment, maltreatment or exploitation, including sexual abuse, while in the care of parent(s), legal guardian(s) or any other person who has care of the child."

In light of this, it becomes clear that coherent and sustained efforts are needed to prevent any kind of child abuse. Legal measures are necessary to protect the young and to punish the perpetrators of child abuse. Social services must be put in place to support and counsel affected children and their families. In conjunction with this, however, much needs to be done to raise awareness among all levels of society on how to prevent child abuse.

In Iran, clerics and religious scholars are important partners and actors in this endeavour. They have strong influence in society and guide the thinking and action of millions of believers. They possess the moral authority to influence social opinions and social behavior especially when it comes to marriage, family life and upbringing of children.

Conflict of interest: None

References

1."Child abuse – definition of child abuse by the Free Online Dictionary, Thesaurus and Encyclopedia". Thefreedictionary.com. Retrieved 15 September 2010.

2. Leeb RT, Paulozzi LJ, Melanson C, Simon TR, Arias I. "Child Maltreatment Surveillance: Uniform Definitions for Public Health and Recommended Data Elements". Centers for Disease Control and Prevention (1 January 2008). Retrieved 20 October 2008.

3. Herrenkohl RC. The definition of child maltreatment: from case study to construct. Child Abuse and Neglect 2005; 29(5):413–24.

4."Child Abuse and Neglect: Types, Signs, Symptoms, Help and Prevention". Helpguide.org. Retrieved 20 October 2008.

5. A Coordinated Response to Child Abuse and Neglect: The Foundation for Practice, Office on Child Abuse and doctor. Available at: https://www.childwelfare.gov/pubs/usermanuals/foundation/.[assessed 10/05/2010]

6."Child Maltreatment 2010: Summary of Key Findings". Children's Bureau, Child Welfare Information Gateway, Protecting Children Strengthening Families. Retrieved May 2012.

7."Understanding Child Abuse Numbers". National Coalition for Child Protection Reform. Available at: http://en.wikipedia.org/wiki/Child_abuse./ [assessed 3/11/2014]

8. Theoklitou D, Kabitsis N, Kabitsi A. "Physical and emotional abuse of primary school children by teachers". Child Abuse Negl 2012; 36 (1): 64–70.

9. UN Human Rights Committee. "General Comment 1992; 20: 10813-817.

10.Ghazizade Hashemi SA, Ajilian M, Hoseini BL, Khodaei GH, Saeidi M. Youth Suicide in the World and Views of Holy Quran about Suicide. Int J Pediatr 2014; 2(4.2): 101-8.

11. Global Initiative to End All Corporal Punishment of Children (GITEACPOC).

Available at: http://www.endcorporalpunishment.org/. [assessed 3/05/2014]

12. Noh Anh, Helen. "Cultural Diversity and the Definition of Child Abuse", in Barth, R.P. et al., Child Welfare Research Review, Columbia University Press, 1994, p. 28. ISBN 0231080743

13. Haeuser AA. "Banning parental use of physical punishment: Success in Sweden". International Congress on Child Abuse and Neglect. Hamburg; 1990.

14. Barth R. Child Welfare Research Review 1994; 1: 49–50. ISBN 0231080751. Retrieved 25 May 2014.

15. Durrant JE. "The Swedish Ban on Corporal Punishment: Its History and Effects". In Detlev Frehsee, Wiebke Horn, and Kai-D. Bussmann. From Family Violence Against Children: A Challenge for Society. New York: Walter de Gruyter & Co. ;1996: 19–25. ISBN 9783110149968.

16."Child Sexual Abuse". Medline Plus. U.S. National Library of Medicine. 2 April 2014.

17."Guidelines for psychological evaluations in child protection matters. Committee on Professional Practice and Standards, APA Board of Professional Affairs". The American Psychologist 54 (8): 586–93.

18. Martin J, Anderson J, Romans S, Mullen P, O'Shea M. "Asking about child sexual abuse: methodological implications of a two stage survey". Child Abuse & Neglect 1993;17 (3): 383–92.

19. Child sexual abuse definition from the NSPCC. Available at: https://www.childwelfare.gov/pubs/usermanuals/sexabuse/sexabuseb.cfm. [assessed 1/01/2014]

20. Brown, Patricia Leigh . "In Oakland, Redefining Sex Trade Workers as Abuse Victims". The New York Times. Retrieved 24 May 2011. Once viewed as criminals and dispatched to juvenile centers, where treatment was rare, sexually exploited youths are increasingly seen as victims of child abuse, with a new focus on early intervention and counseling.

21. Roosa MW, Reinholtz C, Angelini PJ. "The relation of child sexual abuse and depression in young women: comparisons across four ethnic groups". Journal of Abnormal Child Psychology 1999; 27 (1): 65–76.

22. Widom CS. "Post-traumatic stress disorder in abused and neglected children grown up". American Journal of Psychiatry1999; 156 (8): 1223–29.

23. Levitan RD, Rector NA, Sheldon T, Goering P. "Childhood adversities associated with major depression and/or anxiety disorders in a community sample of Ontario: Issues of co-morbidity and specificity," Depression & Anxiety 2003; 17: 34–42.

24. Bottoms B, Epstein M. Memories of childhood sexual abuse: A survey of young adults. Child Abuse & Neglect 1998; 22(12), 1217-38.

25. Shalev I, Moffitt TE, Sugden K, Williams B, Houts RM, Danese A, et al. "Exposure to violence during childhood is associated with telomere erosion from 5 to 10 years of age: a longitudinal study". Mol. Psychiatry 2013;18 (5): 576–81.

26. Besharov DJ. Responding to child sexual abuse: The need for a balanced approach. In R.E. Behrman (Ed.), The future of children 1994; 3- 4: 135-55. Los Altos CA: The Center for the Future of Children, The David and Lucile Packard Foundation.

27. Dinwiddie S, Heath AC, Dunne MP, Bucholz KK, Madden PA, Slutske WS, et al. "Early sexual abuse and lifetime psychopathology: a co-twin-control study". Psychological Medicine 2000; 30 (1): 41–52.

28. Child abuse. Wikipedia. Available at: http://en.wikipedia.org/wiki/Child_abuse. [assessed 1/02/2014]

29. Child Sexual Abuse Statistics. The National Center for Victims of Crime. Available at: http://www.victimsofcrime.org/media/reporti

ng-on-child-sexual-abuse/child-sexual-abuse-statistics. [assessed 1/10/2014]

30. Sebre S, Sprugevica I, Novotni A, Bonevski D, Pakalniskiene V, Popescu D, et al. "Cross-cultural comparisons of child-reported emotional and physical abuse: Rates, risk factors and psychosocial symptoms". Child Abuse & Neglect, the International Journal 2004;28 (1): 113–127.
31. "Neurocognitive impacts for children of poverty and neglect". Apa.org. July 2012. Retrieved December 24, 2012.
32. Golden JA, Prather W. A behavioral perspective of childhood trauma and attachment issues: toward alternative treatment approaches for children with a history of abuse. International Journal of Behavioral and Consultation Therapy 2009;5: 56-74.
33. World Health Organization (WHO). Preventing Child Maltreatment: A Guide to Taking Action and Generating Evidence. Geneva*:* WHO; 2013. Available at: http://www.who.int/violence_injury_prevention/publications/violence/child_maltreatment/en/. [assessed 1/05/2013]
34. World Health Organization (WHO). Child maltreatment. Geneva: WHO; 2014. Available at: http://www.who.int/mediacentre/factsheets/fs150/en/. [assessed 1/11/2014]
35. Khakshour A, Taghizadeh Moghaddam H, Kiani MA, Saeidi M. Key Facts about Epidemiology of HIV/AIDS in Children Worldwide. Int J Pediatr 2014; 2.2(2): 145-52.
36. World Health Organization (WHO). Child maltreatment. Geneva: WHO; 2014. Available at: http://www.who.int/topics/child_abuse/en/. [assessed 12/07/2014]
37. World Health Organization (WHO). Child maltreatment ("child abuse"). Geneva: WHO; 2014. Available at: http://www.who.int/violence_injury_prevention/violence/child/en/. [assessed 12/07/2014]
38. World Health Organization (WHO). How can violence against children be prevented? Geneva: WHO; 2013. Available at: http://www.who.int/features/qa/44/en/. [assessed 1/05/2013]
39. UNICEF. Disciplining Children with Kindness: A Shiite Shari'a Perspective. Available at: http://www.unicef.org/iran/CP-Eng.pdf. [assessed 1/05/2008]
40. Saeidi M, Ajilian Abbasi M, Farhangi H, Khodaei GH. Rights of Children and Parents in Holy Quran. Int J Pediatr 2014; 3.2(2): 103-113.