

## **CHILD ABUSE: A REVIEW OF CURRENT RESEARCH<sup>#</sup>**

**Mokhtar Malekpour**  
*Department of Psychology*  
*University of Isfahan*  
*Isfahan, Iran*

*Many children are victims of child abuse. There is no doubt that child abuse, whether physical abuse, sexual abuse, emotional neglect, physical neglect, or psychological abuse, indicates a gross violation of children's rights. The purpose of this paper is to emphasize the importance of various aspects of child abuse, including its definition, all types of abuse, its risk factors, its negative consequences, and its prevention strategies. It is widely recognized that a number of risk factors are associated with the occurrence of child abuse. Therefore, early identification of these risk factors is very important to prevent or to minimize the long-term consequences of abuse. Hence, the author tries to review recent literature regarding child abuse in order to decrease this social problem and to preserve the rights of children.*

The statistics on child abuse and abuse are alarming across the world. Although, there are no clear statistics regarding child abuse in Iran, but in the last few years, child abuse has been recognized as a major problem. According to statistics released by (Iran Statistical Year Book, 2001-2003), the population of Iran is 66991573. Out of this figure, 39.6 millions are children under 15 year. Despite not having subtle statistics about child abuse in Iran, we do witness that many newspapers frequently report about this issue. Also, research shows that in Iran, the most important factors of child abuse are poverty (Safavi, 1994), mental disorders (Sanagoy, 2001), and addiction (Baghari, 2001). Rahimi, Babaei, and Rostami (1997) in a study on children in two educational districts of Tehran, found that the prevalence rate of child physical abuse was 37 to 46% and 16 to 24%, respectively. Therefore, this problem is becoming one of the most important concerns of Iranian mental health professionals. Many of abused children die, especially those who are physically abused. For those who survive, the emotional trauma would remain long after abuse, even throughout adulthood. Hence, as concerned professionals, we need to pay attention to this social problem.

The aim of this paper is to review different aspects of child abuse including its negative and devastating consequences. In spite of

---

<sup>#</sup> Correspondence concerning this article should be addressed to Mokhtar Malekpour, Department of Psychology, School of Education, University of Isfahan, Iran. <marjan\_682002@yahoo.com>

persistent media information about cases of child abuse, the public remains largely uninformed about the social and developmental consequences of this tragic problem.

### **The Importance of the Problem**

Child abuse is a reality. Therefore, everyone who cares for children has to pay attention to this pressing social problem. U.S. Advisory Board on Child Abuse and Neglect (1995) stresses that, maltreatment has become a leading cause of death among young children, according to federal estimates, at least 2,000 die every year and 140,000 are seriously injured. The National Committee to Prevent Child Abuse (1998) estimates that of the 1 million cases of confirmed child abuse in 1997, approximately 8% were the victims of sexual abuse.

Some investigators regard physical and sexual abuse as the most destructive forms, but psychological abuse may be the most common, since it accompanies most other types. Still this statistic greatly underestimates the actual number, as affected children may feel frightened, confused, and guilty and usually are pressured into silence (Berk, 2002).

Abuse rates appear to be rising fastest for school-age children, ages 6 to 11; this may reflect the fact that children in this age group are more likely to be seen by community professionals. Vulnerability to sexual abuse is fairly consistent from age 3 onward. Girls are three times as likely as boys to be sexually abused, whereas boys are more likely to be emotionally neglected or seriously injured (Sedlak & Broadhurst, 1996).

Natural parents are more likely to abuse or neglect a child as compared to other people. According to Sedlak and Broadhurst (1996) in more than 3 out of 4 cases in which children are harmed by maltreatment and 9 out of 10 cases of neglect, the natural parents are to be blamed. Mothers are more likely to abuse or neglect as compared to fathers, but perpetrators other than the parents are more likely to be men. Nearly half of sexual abuse is done by someone other than a parent or caregiver, and nearly 9 out of 10 of these perpetrators are men or boys.

### **Definitions and Categories of Child Abuse**

Child abuse is intentional harm or a threat of harm to a child by some one acting in the role of caretaker, for even a short time (Wissow, 1995).

Although most parents are loving and nurturing, some are not able to take proper care of their children. Abuse, whether perpetrated by parents or others, is a deliberate or avoidable endangerment of a child; it takes several specific forms. In general, abuse refers to action; neglect refers to inaction. Abuse is infliction of harm; neglect is failure to meet a child's basic needs (Papalia, Olds, & Feldman, 1999).

According to Paplia et al., child abuse takes the following forms:

- (1) Physical abuse refers to assaults on children, such as kicking, biting, shaking, punching, or stabbing, that produce pain, cuts, welts, bruises, burns, broken bones, and other injuries, and any action taken to endanger a child.
- (2) Sexual abuse means sexual comments, fondling, intercourse, and other forms of sexual exploitation.
- (3) Emotional neglect (also referred as psychological abuse/maltreatment) refers to failure of caregivers to meet children's needs for affection and emotional support.
- (4) Physical neglect means failure to meet a child's basic bodily needs, such as food, clothing, medical care, protection, and supervision.
- (5) Psychological abuse means actions, such as ridicule, humiliation, intimidation, scapegoating, terrorizing, or degradation.

### **Child Abuse Risk Factors**

Familiarity with risk factors may permit mental health professionals to identify parents and children who are at risk for child abuse, facilitating proper actions of prevention and intervention. Belsky and Vondra (1989) identified four major classes of variables that are associated with risk for child abuse: Demographic variables, family relationships, parental characteristics, and child characteristics. They identified a number of child abuse risk factors which are consistent with these four major classes. Table 1 classifies these risk factors for each of these four classes.

Table 1  
*Risk Factors for Child Abuse*

<i>Risk Factors</i>	
<i>Demographic Variables</i>	
1.	Large family size
2.	Low income
3.	Death of either parent
4.	Mother divorced or never married
5.	Step-father
6.	Low educational level
7.	Single parent family
8.	Unsatisfactory and unstable housing
9.	Early motherhood
<i>Family Characteristics</i>	
1.	Early separation from mother
2.	Harsh punishment
3.	Maladaptive parental personality
4.	Negative life events
5.	Parental conflict
6.	Parental psychopathology
7.	Parental sociopathy (i.e., alcohol, drug problems, problem with the law)
8.	Poor marital quality
9.	Unrealistic expectations from child
10.	Poor paternal health
11.	Absent or neglect by marital partner
12.	Maternal employment outside the home (especially in case of sexual abuse)
<i>Parental Characteristics</i>	
1.	Maternal hostility to child
2.	Power-assertive punishment
3.	Low parental warmth
4.	Low parental involvement
5.	Unwanted pregnancy
6.	Previous child abuse or neglect
7.	Social isolation or lack of social support
8.	Mother suffered parental violence or neglect as a child
9.	A history of childhood maltreatment in parent's own past
10.	Poor understanding of child's emotional needs
11.	Tendency to be ignorant of normal child development

*Table 1 continue...*

***Child Characteristics***

1. Handicapped
  2. Low IQ
  3. Serious illness
  4. Difficult temperament
  5. Attachment problems/abnormal birth/problem baby
  6. Early childhood anxiety/withdrawal
  7. Inattentiveness and hyperactivity
  8. Child conduct problems
- 

**Consequences of Child Abuse*****Brain-related problems***

A young child's neurodevelopment can be disrupted through abnormally active neurons, caused by such negative experiences as, maltreatment and neglect (Perry, 1993). Lowenthal (1999), stresses that negative environmental events can result in the malfunctioning of those areas of the brain responsible for the regulation of affect, empathy, and emotions. Other studies show that the brains of abused children can be 20 to 30 per cent smaller than those of their non abused peers (Perry, 1993). Bremner et al. (1997) have reported 12% left hippocampal volume reduction in 17 adult male and female survivors of severe childhood physical and sexual abuse who now suffered post-traumatic stress disorder (PTSD), in comparison with a non abused group.

Various types of brain injuries are associated with childhood maltreatment, particularly when exposure to physical abuse and neglect occurs in the first three years of life. These injuries include dysfunction, contusions, intracranial and intraocular hemorrhages, atrophy, and changes in the part of the brain linked to memory, emotions and basic drives. Very young children can suffer particularly damaging consequences, as seen in cases of 'shaken baby syndrome' (Dykes, 1986; Guterman, 2001).

***School-related problems***

All types of child abuse may adversely affect children's ability to learn. The academic performance of maltreated children reflects their cognitive impairments; both abuse and neglect have been associated with large deficits on both mathematics and language tests, with neglect having the strongest association with poor achievement

(Eckenrode, Laird, & Doris, 1993; Wodarski, Kurtz, Guadin, & Howing, 1990). Abused children have problems in cognitive and educational abilities. For example, Kolko (1992) found associations between childhood abuse and neglect and language deficits and reduced cognitive functioning. Erickson, Egeland, and Painta (1989) examined adaptation to the social environment and to the task demands associated with school entry. Teachers reported on the functioning of children during the latter part of the school year. Adaptation was evaluated for children who had experienced physical abuse, neglect, and sexual abuse. Among children who had been physically abused, aggressive, noncompliant, and acting out behaviors were very common. Teachers also reported that physically abused children functioned more poorly on cognitive tasks.

All types of maltreated children, as they get older, demonstrate more cognitive deficits and are considered more at risk for school failure than their non-maltreated peers (Reyome, 1993).

### *Psychological-related problems*

Abuse has negative impacts on psychological development of children. The diversity of developmental pathways that abused children take, suggests that various forms of behavioral disturbance and psychopathology may emerge. Abused children have shown increased levels of disturbance across a wide range of areas (Aber, Allen, Carlson, & Cicchetti, 1989; Erickson, et al., 1989; Kashani, Shekim, Burk, & Beck, 1987).

Abuse can have a negative impact on children's emotional stability and self-regulation, problem solving skills, and the ability to cope with or adapt to new or stressful situations. These traits can cause abused and neglected children to have difficulty in developing stable attachments to adult caretakers, problems in developing relationships and trust and behaviors characterized by withdrawal and avoidance (Aber et al., 1989; Carlson, Cicchetti, Barnett, & Braunwald, 1989). Guterman (2001) stresses that abused children tend to have heightened levels of depression, hopelessness, and low self-esteem. Famularo, Kinscherff, and Fenton (1992) found significantly higher rates of diagnoses for attention-deficit hyperactivity disorder, oppositional disorder, and post traumatic stress disorder among abused children. Parker and Herrera (1996) found that physically abused children exhibit less intimacy, more conflict, and more negative affect even with close friends as compared to non abused children.

Kaplan, Palcovitz, and Labruna (1999) state that approximately 8% of children and adolescents documented as physically abused have current diagnoses of major depressive disorder, approximately 40% have lifetime major depressive disorder diagnoses, and at least 30% have lifetime disruptive disorder diagnoses (oppositional defiant disorder or conduct disorder).

Riggs, Alario, and Mchorney (1990) stress that, physically abused youth are more likely than their non abused counterparts to take part in behaviors endangering their health, including cigarette smoking, substance abuse, and sexual risk-taking. Aggressive behaviors are common among physically abused children. Lewis (1992) assumed that physical abuse exposure increases the risk for the expression of aggression by increasing levels of impulsivity/and irritability, engendering hypervigilance and paranoia, and curtailing the recognition of pain in both self and others.

Regarding sexual abuse, Papalia et al., (1999), report that consequences of sexual abuse vary with age (see Table 2). They stress that, sexually abused children are likely to be fearful, anxious, depressed, or unhappy, to have low self-esteem, to become preoccupied with sex, and to have problems with behavior and school achievement. As adolescents, they are more likely than other youngsters to engage in 'bing' eating, and to try to injure themselves or commit suicide (Kendall-Tackett, Williams, & Finkelhor, 1993, Swanston, Tebbutt, O'Toole, & Oates, 1997). Fearfulness and low self-esteem often continue in adulthood.

Table 2

*Developmentally Related Reactions to Sexual Abuse*

Age	Most Common Symptoms
Preschoolers	Anxiety, Nightmares, Inappropriate sexual behavior
School-age children	Fear, Mental illness, Aggression, Nightmares, School problems
Adolescents	Hyperactivity, Regressive behavior Depression, Withdrawn, Suicidal, or Self-injurious behaviors Physical complaints, Illegal acts, Running away, Substance abuse

Source: Adapted from Kendal -Tackett, Williams, & Finkelhor, 1993.

Browne and Finkelhor (1986), suggest that, adults who were sexually abused as children tend to be anxious, depressed, angry or hostile, to distrust people, to feel isolated and stigmatized, and to be sexually maladjusted.

Knight and Prentky (1993) believe that, there is often a significant history of child abuse including neglect, physical, and sexual abuse in the early lives of juvenile sex offenders. A history of sexual abuse is more prevalent in sexual abusers than is the general population and in nonsexual abusers (Dhawan & Marshall, 1996). In general, sexual behavior is commonly affected by a history of sexual victimization. Boys and girls exposed to sexual abuse, and deviant sexual experiences, behaviors, attitudes, and knowledge are at risk for precocious sexualization (Friedrich, 1995; McClellan, McCurry, & Ronnei, 1997).

In regard to emotional abuse, research indicates that emotional abuse (also referred to as psychological abuse) occurs in an overwhelming majority of physical abuse cases but also occurs independently of other types of abuse (Claussen & Crittenden, 1991). However, emotional/psychological abuse is more subtle than physical abuse and its effects may be harder to pin down. It has been linked to lying, stealing, low self-esteem, emotional maladjustment, dependency, underachievement, depression, aggression, learning disorders, homicide, and suicide, as well as to psychological distress later in life (Hart & Brassard, 1987).

Another problem associated with psychological abuse is inappropriate attachment with the parents or caregivers. Recent investigations of attachment in abused infants and toddlers indicate a preponderance of atypical attachment patterns in abused children (Cicchetti & Toth, 1995). Carlson et al. (1989) found that more than 80% of the abused infants in their study had atypical, disorganized/disoriented attachments compared with less than 20% of a demographically similar non abused comparison group.

Other implications and effects of psychological abuse for child victims are various feelings of fear, powerlessness and frustration, rage and anger, worthless, self-blame, guilt, shame and embarrassment, grief and sadness, different from others in family, withdrawn and negative effects on sense of self (McDowell, 1995).

Overall, psychological abuse can have negative impact on child's self-concept, so that the child conceives her/himself as a bad girl/boy.

Physical neglect is thought to be the most life-threatening abuse. Many instances of neglect have in common the failure of a caretaker



to provide basic shelter, supervision, medical care, or support (Wissow, 1995). Neglecting parents fail to provide developmentally appropriate and/or legally required supervision of the child, leading to an increased risk of harm. Neglect also results in failure to seek, obtain or follow through with medical care for the child which leads to his/her impaired functioning and/or development. Neglecting parents may abandon the child which means leaving the child in any situation without arranging necessary care for him/ her.

Erickson et al. (1989) stress that the neglected children show the most severe and variable school problems. They perform more poorly on cognitive assessments than either the physically or sexually abused youngsters. In the classroom, neglected children were described as anxious, inattentive, unable to understand their work, lacking in initiative, and heavily dependent on teachers for help, approval, and encouragement. Neglected children also rarely expressed positive affect or a sense of humor. Erikson et al., also found that, by the end of first year of schooling, 65% of neglected children had been retained or referred for intervention services.

### **Prevention of Child Abuse**

Abused children are at risk for neurological, psychological, and cognitive impairments. Consequently, we have to consider all measures in order to prevent this social problem.

Prevention can be achieved in a number of ways, including, interventions that teach parents effective-child rearing and disciplinary strategies, high school child development courses that include direct experience with children and broad social programs aimed at improving economic conditions for low socioeconomic status families (Wolf, 1990). We can also add social support to these measures.

Social support can take two forms, formal and informal support. Formal social support include family therapy; providing basic needs, such as food, clothing and shelter; programs that teach basic parenting skills and home visits. Informal social support includes support from families, friends and community members, in the form of providing child care, respite care, counsel during a job search, transportation, or financial aid. Social support to families is very effective in easing parental stress (Azar & Wolf, 1998). Research indicates that a trusting relationship with another person is the most important factor in preventing mothers with childhood histories of abuse from repeating

the cycle with their own youngsters (Egeland, Jacobvitz, & Sroufe, 1988).

Working with parents and caregivers who have been abused so they can recognize and deal with their own abuse can prevent them from abusing their own children. Providing opportunities to learn appropriate parenting skills and ways of managing the parent-child relationship would also be helpful (McDowell, 1995).

Many experts believe that child abuse can not be eliminated as long as violence is wide spread and corporal punishment is regarded as an acceptable child-rearing alternative (Berk, 2002). If we take Berk's notion into account, home visits to provide some basic social support and education concerning normal child development and parenting strategies, is very crucial in preventing child abuse. Education may be more important because corporal punishment by parent is associated with later physical abuse by that same parent (Giles-Sims, Straus, & Sugarman, 1995), and corporal punishment has been linked to aggression in children. This, in turn, augments the probability that physically disciplined children will eventually be aggressive toward their own children (Straus & Kantor, 1994), resulting in the intergenerational transmission of abuse.

Olds and Kitzman (1993), in a review of home-visitation prevention programs, found that intensive and comprehensive programs are helpful in changing the behavior of parent at risk for committing maltreatment, improving the home environment, and decreasing child behavioral problems.

Regarding sexual abuse prevention, young children need to be told that their bodies belong to them and that they can say no to anyone who might try to touch them or kiss them against their will, even if it is someone they love and trust. They also need to know that they are never to blame for what an adult does and that they can talk to their parents about anything without fear of punishment. And they need to be reassured that most adults want to help and take care of them, not hurt them (Papalia et al., 1999).

In general, combating poverty and its diverse correlates-family stress and disorganization, inadequate food and medical care, teenage parenthood, parental hopelessness, and media program, public awareness, early intervention with families identified as being at risk can reduce child abuse.

## CONCLUSION

Millions of children annually experience abuse throughout the world. Although, we do not have exact statistics of child abuse in Iran, but evidence shows that this social problem is increasing in this country.

Child abuse which takes different forms including, physical abuse, sexual abuse, emotional neglect, physical neglect, and psychological abuse, is associated with negative consequences for children's physical and mental health, cognitive skills, educational achievement, and neurological, behavioral, and social development. Abused children are at risk for a variety of adverse outcomes as they mature and develop into adolescents and adults.

Review of literature showed that children with abusive parents or caregivers will learn to view themselves as unworthy, unlovable, and incompetent in school-related and cognitive tasks. Abuse often leads to a loss of self-esteem and a lack of motivation to achieve at school. We also found that, the effects of child abuse were numerous and have adverse consequences for the child. These effects include, loss of trust, fear, self-blame, anger and rage, suicidal thoughts, drug and alcohol abuse, passive or withdrawn behavior, depression, nightmares, aggressive and disruptive behavior. Abused children never feel safe, there is always the threat of the abuse. The abuse only has to occur once for the child to know that the parent can carry out their threats at any time. This knowledge gives power to the parent's threats and maintains the child in a state of fear.

The present information indicated that several risk factors were associated with child abuse. Some of these risk factors included, low maternal involvement, early separation from mother, poverty, large family size, low educational level, low parental warmth, parental psychiatric problems, and so on. Early identification of these risk factors is significant because it may assist professionals in identifying children who are at high risk for abuse.

Since abuse is more common among young, poor, and uneducated parents, (see, for example, Browne, Cohen, Johnson, & Salzinger, 1998) programs that seek to keep young people in school and prepare them for an occupation and providing jobs before they have children can help prevent child abuse. Prevention programs, such as, home visits help parents overwhelmed by the demands of parenting by showing them how to care for babies, giving them

pointers on how to encourage good behavior, and teaching them how to help children develop social skills.

Parents do not always know the signs and symptoms of child abuse and many of them do not have enough information about their children's needs and the effects of child abuse. Therefore, in order for prevention to be effective, parents need to be involved and information needs to be repeated regularly and practiced.

## REFERENCES

- Aber, J. L., Allen, J. P., Carlson, V., & Cicchetti, D. (1989). The effects of abuse on development during early childhood: Recent studies and their theoretical, clinical, and policy implications. In D. Cicchetti, & V. Carlson (Eds.), *Child abuse: Theory and research on causes and consequences* (pp. 579-619). New York: Cambridge University Press.
- Azar, S. T., & Wolf, D. A. (1998). Child physical abuse and neglect. In E. J. Mash & R. A. Barkly (Eds.), *Treatment of childhood disorders* (2<sup>nd</sup> ed.) (pp.501-544). New York: Guilford.
- Baghari, Y. A. (2001). *A study of physical child abuse cases in three child health centers in city of Tehran*. Ministry of Health. Head Quarters of Prevention of Diseases, Iran.
- Belsky, J. (1993). Etiology of child abuse: A developmental- ecological analysis. *Psychological Bulletin*, 114, 413-434.
- Belsky, J., & Vondra, J. (1989). Lessons from child abuse: The determinants of parenting. In D. Cicchetti, & V. Carlson (Eds.), *Current research and theoretical advances in child abuse* (pp. 153-202). Cambridge University Press.
- Berk, L. E. (2002). *Infants and children. Prenatal through middle childhood*. Boston: Allyn and Bacon, MA 02116.
- Bremner, J., Randall, P., Vermetten, E., Staib, L., Bronen, R., Mazure, C., Capelli, S., McCarthy, G., Innis, R., & Charney, D. (1997). Magnetic resonance imaging-based measurement of hippocampal volume in post traumatic stress disorder related to childhood physical and sexual abuse: A preliminary report. *Biological Psychiatry*, 41, 23-32.
- Browne, J., Cohen, P., Johnson, J. G., & Salzinger, S. (1998). A longitudinal analysis of risk factors for child maltreatment. *Child Abuse and Neglect*, 22(11), 1065-1078.

- Browne, A., & Finkelhor, D. (1986). Impact of child sexual abuse: A review of research. *Psychological Bulletin*, 99(1), 66-77.
- Carlson, V., Cicchetti, D., Barnett, D., & Braunwald, K. (1989). Disorganized/ disoriented attachment relationships in abuse infants. *Developmental Psychology*, 25(4), 525-531.
- Cicchetti, D., & Toth, S. L. (1995). A developmental psychopathology perspective on child abuse and neglect. *Journal of the American Academy of Child and Adolescent Psychiatry*, 34, 541-564.
- Claussen, A. H., & Crittenden, P. M. (1991). Physical and psychological abuse: Relations among types of maltreatment. *Child Abuse and Neglect*, 15, 5-18.
- Dhawan, S., & Marshall, W. L. (1996). Sexual abuse histories of sexual offenders. *Sex Abuse*, 8, 7-15.
- Dykes, L. (1986). The whiplash shaken syndrome: What has been learned? *Child Abuse and Neglect*, 10, 211-221.
- Eckenrode, J., Laird, M., & Doris, J. (1993). School performance and disciplinary problems among abused and neglected children. *Developmental Psychology*, 29, 53-62.
- Egeland, B., Jacobvitz, D., & Sroufe, L. A. (1988). Breaking the cycle of abuse. *Child Development*, 52, 44-52.
- Erickson, M., Egeland, B., & Pianta, R. (1989). The effects of abuse on the development of young children. In D. Cicchetti & V. Carlson (Eds.), *Child abuse: Theory and research on the causes and consequences of child abuse and neglect* (pp, 647-684). New York: Cambridge University Press.
- Famularo, R., Kinscherff, R., & Fenton, T. (1992). Psychiatric diagnoses of maltreated children: Preliminary findings. *Journal of the American Academy of Child and Adolescent Psychiatry*, 31, 863-867.
- Friedrich, W. N. (1995). *Psychotherapy with sexually abused boys: An integrated approach*. Thousand Oaks, CA: Sage.
- Giles-Sims, J., Straus, M. A., & Sugarman, B. (1995). Child abuse and family characteristics associated with spanking. *Family Relation*, 44, 170-176.
- Guterman. (2001). Depressive disorders in maltreated children. *Journal of the American Academy of Child and Adolescent Psychiatry*, 30, 257-265.

- Hart, S. N., & Brassard, M. R. (1987). A major threat to children's mental health: Psychological maltreatment. *American Psychologist, 42*(2), 160-165.
- Iran Statistical Year Book 1381. (2001-2003). Iran: Statistical Center of Iran. Available on [www.sci.org.ir](http://www.sci.org.ir).
- Kaplan, S. J., Pelcovitz, D., & Labruna, V. (1999). Child and adolescent abuse and neglect research: A review of the past 10 years. Part 1: Physical and emotional abuse and neglect. *Journal of the American Academy of Child and Adolescent Psychiatry, 38*, 1214-1222.
- Kashani, J. H., Shekim, W. O., Burk, J. P., & Beck, N. C. (1987). Abuse as a predictor of psychopathology in children and adolescents. *Journal of Clinical Child Psychology, 138*, 143-153.
- Kendall-Tackett, K. A., Williams, L. M., & Finkelhor, D. (1993). Impact of sexual abuse on children: A review and synthesis of recent empirical studies. *Psychological Bulletin, 113*(1), 164-180.
- Knight, R. A., & Prentky, R. A. (1993). Exploring characteristics for classifying juvenile sex offenders. In B. Marshall & W. L. Hudson (Eds.), *The juvenile sex offender* (pp. 45-83) New York: Guilford.
- Kolko, D. (1992). Characteristics of child victims of physical violence: Research findings and clinical implications. *Journal of Interpersonal Violence, 7*(2), 244-279.
- Lewis, D. O. (1992). From abuse to violence: Psychological consequences of maltreatment. *The Journal of American Academy of Child and Adolescent Psychiatry, 31*, 383-391.
- Lowenthal, B. (1999). Effects of maltreatment and way to promote children's resiliency. *Childhood Education, Summer*, 204-209.
- McClellan, J., McCurry, C., & Ronnei, M. (1997). Relationship between sexual abuse, gender, and sexually inappropriate behaviors in seriously mentally ill youths. *Journal of the American Academy of Child and Adolescent Psychiatry, 36*, 959-965.
- McDowell, H. (1995). Psychological abuse: Current research. Paper presented at Family Violence Conference, Wellington, NZ.
- National Committee to Prevent Child Abuse (1998). *Current trends in child abuse reporting and fatalities: The results of the 1994 annual fifty state survey*. Chicago: NCPA (available from NCPA, 332 S Michigan avenue, Suite 1600, Chicago, IL 60604).

- Olds, D. L., & Kitzman, H. (1993). Review of research on home visiting for pregnant women and parents of young children. *Future Child*, 3, 53-92.
- Papalia, D. E., Olds, S. W., & Feldman, R. D. (1999). *A child's world: Infancy through adolescents*. USA: The McCraw-Hill Companies, Inc.
- Parker, J. G., & Herrera, C. (1996). Interpersonal processes in friendship: A comparison of abused and nonabused children's experiences. *Developmental Psychology*, 32, 1025-1038.
- Perry, B. D. (1993). Medicine and psychotherapy: Neurodevelopment and neurophysiology of trauma. *The Advisory*, 6, 13-20.
- Rahimi, M. A., Babaei, N., & Rostami, M. R. (1997). A study of child abuse prevalence in two districts of city of Tehran. *Social welfare Journal of Welfare and Habilitation Science University*, 7, 141-161.
- Reyome, N. D. (1993). A comparison of the school performance of sexually abused, neglected, and non-maltreated children. *Child Study Journal*, 23, 17-38.
- Riggs, S., Alario, A. J., & McHorney, C. (1990). Health risk behaviors and attempted suicide in adolescents who report prior maltreatment. *Journal of Pediatrics*, 116, 815-821.
- Safavi, S. (1994). *Child abuse*. Medical Doctorate Dissertation. Iranian Medical University. Tehran, Iran.
- Sanagoy, M. G. (2001). *A comparison of personality characteristics of abusive and non abusive mothers*. Masters Dissertation. Welfare and Habilitation Science University. Tehran, Iran.
- Sedlak, A. J., & Broadhurst, D. D. (1996). *Executive summary of the third national incidence study of child abuse and neglect (NIS-3)*. Washington, DC: U.S. Department of Health and Human Services.
- Straus, M. A., & Kantor, G. K. (1994). Corporal punishment of adolescents by parents: A risk factor in the epidemiology of depression, suicide, alcohol abuse, child abuse, and wife beating. *Adolescence*, 29, 543-561.
- Swanston, H. Y., Tebbutt, J. S., O'Toole, B. I., & Oates, R. K. (1997). Sexually abused children 5 years after presentation: A case-control study. *Pediatrics*, 100, 600-608.
- U.S. Advisory Board on Child Abuse and Neglect. (1995, October). *A nation's shame: Fatal child abuse and neglect in the United States*. Washington, DC: U.S. Government Printing Office.

- Wissow, L. S. (1995). Child abuse and neglect. *The New England Journal of Medicine*, 332(21), 1425-1431.
- Wodarski, J. S., Kurtz, P. D., Gaudin, J. M., & Howing, P. T. (1990). Maltreatment and the school-age child: Major academic, socio-emotional, and adaptive outcomes, *Social Work*, 35, 506-513.
- Wolf, D. A. (1990). *Child abuse* (2<sup>nd</sup> ed.). Thousand Oaks, CA: Sage.

**Received: December 08, 2003.**