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## CHAPTER II

### REVIEW OF LITERATURE

Various researches related to the effect of Stress, Anxiety, Loneliness, Psychological and Sociocultural variable on the Sexually Abused Children and its effects among adolescents were collected as well as reviews on the Effects of Assertiveness Training, other Interventions and its Effectiveness and Implications are presented with different perspectives of Child Sex Abuse Victims.

#### **Stress**

Esther, Julie and Robert (2014) examined the differential effects of child and non offending mother participation in a Cognitive Behavioural Intervention designed to treat Post Traumatic Stress Disorder and other behavioural and emotional difficulties among school aged sexually abused children. One hundred families were randomly assigned to one of following three experimental treatment conditions, child only, mother only, and mother and child control condition. Pre and post treatment data collection was conducted to measure children's behaviour problems, anxiety, depression and Post Traumatic Stress Disorder symptoms as well as of parenting practices. Results indicated that mothers assigned to the experimental treatment condition had significant decreases in their children's externalizing behaviours and increases in effective parenting skills; children reported significant reductions in depression. The Children assigned to the experimental intervention exhibited greater reductions in Post Traumatic Stress Disorder symptoms than children in the control condition.

Cortes and Canton (2010) examined the effects of child sexual abuse, use of coping strategies and Post Traumatic Stress Disorder scores among young adults. In this study 138 victims of child sexual abuse and 138 non victims participated and compared. The results showed that victims of child sexual abuse showed significantly higher PTSD with lower approach coping strategies. Differences in avoidance coping strategies between groups were not consistent and did not always follow the expected direction. Participants those who had higher using avoidance coping strategies had less PTSD symptoms. Schiff, El-Bassel, Engstrom and Gilbert (2002) examined the associations between the intimate

partner abuses, psychological distress, post traumatic stress disorder, childhood sexual abuse and current drug abusive behaviour among a cohort of 416 women under the methadone treatment programmes from New York City were randomly recruited. The results showed that women who experienced intimate partner violence have more post traumatic stress, depression, psychological distress than women those who have not experienced any sexual violence.

Raabe, Ehring, Marquenie, Olf and Kindt (2015) examined the efficacy of Imagery Rescripting (ImRs) as a standalone treatment for Post Traumatic Stress Disorder to victims of childhood physical or sexual abuse. In this study 6 women and 2 men with Post Traumatic Stress Disorder and past experience of child sexual abuse participated in a 8 week treatment programme of Imagery Rescripting with totally 16 sessions by conducting weekly two Imagery Rescripting sessions. Assessment of pre and post with three month follow-up was completed. The results showed that Imagery Rescripting was an effective treatment of Post Traumatic Stress Disorder among individuals with the history of child sexual abuse.

Luster and Small (1997) explored the relationship of sexual abuse and the problem outcomes of drinking and suicidal ideation. Data was collected from the 42,458 adolescents affected by physical and sexual abuse. Results showed that those who were abused both physically and sexually had high risk than the individuals who are not affected by the abuse. In addition results suggested that support from the parent had highly helped the individual to reduce the risk of being drunkard and developing suicidal ideation. Schooling achievements helped the victims to reduce the risks of sexual abuse.

Gall (2006) explored the role of spiritual coping in adult survivors' response to current life stressors. The author stressed that in this study specifically selected spiritual role on stress coping because of very few research was conducted. One hundred and one adult survivors of child sexual abuse volunteered to participate in the study were recruited through advertisements placed in various community venues. Questionnaires related to the spiritual coping and distress was used to collect the data. Spiritual questionnaire collected the information regarding participants coping ability in current negative life events. Pearson Correlation Coefficient and Hierarchical Regression Analysis were carried out in order to assess the data. Results showed that survivors who felt spirituality was relevant to

their lives were able to effectively cope with the stress and the participants with fewer score in spirituality struggled to cope with the stress.

Wiesel, Tekoah and Hallak (2009) investigated the risks related to child birth and post partum stress among mothers with history of child sexual abuse. Data were collected from 837 women in midpregnancy and during 2 to 6 months after child birth. Women were divided into three groups including 1) women affected by child sexual abuse 2) Women experienced trauma other than child sexual abuse and 3) women who experienced no trauma. Results showed that child sexual abuse victim women experienced more difficulties during child birth, post partum stress. The study concluded that child sexual abuse will create long term effect among women.

Witthoft, Borgmann, White and Dyer (2015) examined the disturbed body perception among Post Traumatic Stress Disorder patients with the history of child sexual abuse. Sixty one Post Traumatic Stress Disorder patients with history of child sexual abuse and 30 subjects without any history of child sexual abuse and Post Traumatic Stress Disorder served as subjects. Further participants in Post Traumatic Stress Disorder group were divided into two groups as Post Traumatic Stress Disorder with Borderline Personality Disorder (BPD) and without Borderline Personality Disorder. The results showed that Post Traumatic Stress Disorder with Borderline Personality Disorder had strong attention biases toward body related stimuli when compared to other two groups. The study concluded with attention bias toward body as a product of child sexual abuse with the emotion regulation difficulties which was the characteristic of the Borderline Personality Disorder.

Cortés and Cantón (2010) examined the effects of child sexual abuse on Post Traumatic Stress Disorder among college students. Their coping strategies were studied by considering continuation of abuse and relationship with the perpetrator. One hundred and thirty eight victims of child sexual abuse selected as one group and another 138 participants selected without history of child sexual abuse as a comparison group. Students' coping strategies and Post Traumatic Stress Disorder was assessed by using appropriate tools. Results revealed that child sexual abuse leads to lesser or extend level of Post Traumatic Stress Disorder and affect the coping strategy of the individual.

Margaret and Laura (2014) conducted a pilot study on maternal history of child abuse moderates and its association with daily stress and diurnal cortisol during pregnancy. Forty one women provided salivary cortisol samples at wake up, 30 minutes after wake up, and bed time for 3 days at 3 times over second and third trimesters of pregnancy. On each day of cortisol collection women reported their daily stress. Twenty one percent (N=9) of women reported a history of Child Sexual Abuse, 44% (N=18) reported a history of non sexual child abuse and 34% (N=14) reported no history of child abuse. Hierarchical Linear Modelling analyses revealed that stress in the day prior was associated with increases in morning cortisol in women with Child Sexual Abuse histories compared to women with non sexual abuse histories or no history of other forms of child abuse. Increases in evening cortisol were associated with increases in daily stress in women with Child Sexual Abuse histories compared to women with non sexual abuse histories or no history of child abuse. Results revealed a dynamic association between daily stress and cortisol during pregnancy and suggested that patterns differ according to maternal child abuse history.

Lansford et al. (2015) conducted a longitudinal study across 9 countries to find out the impact of individual, family and culture factors on child physical abuse and neglect. This study advances understanding of predictors of child abuse and neglect at multiple levels. Mothers, fathers and children (N = 1,432 families, Mean age of children = 8.29 years) were interviewed annually in three ways in 13 cultural groups in 9 countries (China, Colombia, Italy, Jordan, Kenya, Philippines, Sweden, Thailand and the United States). Multi level models were estimated to examine (a) within family differences across the three time points, (b) between family within culture differences (c) between cultural group differences in mothers' and fathers' reports of corporal punishment and children's reports of their parents' neglect. The analyses addressed to what extent mothers' and fathers' use of corporal punishment and children's perceptions of their parents' neglect were predicted by parents' belief in the necessity of using corporal punishment, parents' perception of the normativeness of corporal punishment in their community, parents' progressive parenting attitudes, parents' endorsement of aggression, parents' education, children's externalizing problems and children's internalizing problems at each of the three levels were assessed. Individual level predictors (especially child externalizing behaviours) as well as cultural

level predictors (especially normativeness of corporal punishment in the community) predicted corporal punishment and neglect.

Powers, Ressler and Bradley (2011) examined the differential effects of Child Abuse and Post Traumatic Stress Disorder on Schizotypal Personality Disorder. Five hundred and forty one subjects with Schizotypal Personality Disorder (N=541) were selected from the primary care clinics of an urban public hospital. Participants responded to the childhood trauma questionnaire, early trauma inventory and the Post Traumatic Stress Disorder scales. Results showed that among three forms of abuse (emotional, physical and sexual), emotional abuse was a significant predictor of the Schizotypal Personality Disorder.

### **Assertiveness**

Schry and White (2013) examined the relationship between the social anxiety and assertiveness during the attempt of perpetrator among young college women. Six hundred and seventy two college women completed online questionnaires of social anxiety, sexual assertiveness and sexual victimization experience. Authors pointed out that social anxiety was positively related to the likelihood of coerced sexual intercourse and rape. Social anxiety reduces the sexual assertiveness of the college women.

Gülşah (2003) explored the effects on children's level of assertiveness and self esteem. Twenty four students were selected from Ankara University Education Development Foundation and they were administered with Assertiveness Inventory and Cooper Smith Self Esteem Inventory. Teachers Observations also were collected by using the record sheets. The experimental group participated in 8 week assertiveness training and the data was analyzed using independent samples 't' test. The results revealed that there were significant differences between the two groups based on assertiveness scores. In order to explore the effects of assertiveness training on self esteem levels of children, Analysis of Covariance (ANCOVA) was used. However, there were no significant differences found on self esteem scores between the two groups. On the other hand, according to the observations which were made by teachers stated that the training contributed positively to the children's self esteem.

Mohebi et al. (2012) found out the effect of assertiveness training to reduce anxiety among precollege students in Gonabad City during 2008. Eighty nine students were selected and they were randomly divided as experimental group and control group and administered by academic anxiety and assertiveness. The experimental group 5 sessions of assertiveness training were given Pre, Post and Follow-up (after 8 weeks) data were collected. Results showed that after the assertiveness intervention, students' academic anxiety significantly reduced and academic performance improved.

Ilkhchi, Poursharifi and Alilo (2011) investigated the effectiveness of Cognitive Behavioural Group Therapy on self efficacy and assertiveness among anxious female high school students. Forty five anxious female students from Tabriz High School were selected and assigned to the experimental group (n = 15), control group (n = 15) and placebo group (n = 15) and administered by Beck Anxiety Inventory, Sherer and Adams Self Efficacy Questionnaire and Gambrill and Richey Assertiveness Inventory during pre test and post test. Experimental group received a 12 sessions of Cognitive Behavioural Group Therapy and the data was analyzed by using ANCOVA. The results indicated that the participants in the experimental group had a significant decrease in anxiety and their self efficacy and assertiveness increased after the Cognitive Behavioural Group Therapy.

Sajitha and Raji (2013) explored the level of assertiveness among the adolescents based on the perspective of their gender and locality. The participants from Chennai city represented for urban and the participants from Cumbum schools located in Madurai District, Tamil Nadu represented the rural participants. One hundred students randomly selected for the study included with 50 students from urban and 50 students from rural area each group consisted with 25 girls and 25 boys were administered by Rathus Assertiveness Schedule (1967) was used to collect the data. Results showed that there was no significant relation between assertiveness and gender among adolescents. Results showed that locality of the adolescents had significant effect on their assertiveness. Rural youth had very less assertiveness when compared to the urban adolescents.

Eguchi and Hamaguchi (2015) examined the causal relationship between assertiveness and adjustment in children. Two hundred and eighty four elementary school children from 4 to 6 grades were administered by the Assertiveness questionnaires which included following two components "self expression" and "consideration of others", self

esteem scale used to measure their internal adjustment and Class Life Satisfaction Scale used as an index of external adjustment. The short term longitudinal design was used to conduct the study. Data were collected from the participants two times with the gap of 6 months period. There was a positive causative relationship between "self expression" and internal adjustment and between "consideration for others" and external adjustment. In addition, the effects on adjustment varied according to the type of assertiveness. Cluster analysis and MANOVA indicated that the group with high "self expression" and "consideration for others" had high internal and external adjustment, while the children with poor assertiveness showed the lowest degree of adaptivity.

Berman and Rickel (2012) described an assertive training programme for parents which were implemented in the Detroit Public Schools Region 7 by therapists from the Wayne State University Psychology Clinic. Fifty nine parents of preschool age children were trained for 5 consecutive weeks with assertive training programme and at one follow-up session. Parents were enthusiastic about this approach and stated that the discussions helped them feel more confident and therefore they were able to handle specific problems with one's children more effectively.

Deluty (2013) described a self report measure of children's aggressiveness, assertiveness and submissiveness by administering the Children's Action Tendency Scale. The measures 3 sub scales were shown to be highly correlated with peer and teacher reports of 6 to 12 years old subject's interpersonal behaviour and to have moderate split half and test and retest reliabilities. Highly significant differences on the Aggressiveness and Assertiveness sub scales were found between public school subjects and clinically aggressive children.

Greene, Dennis and Rachel (2008) examined the protective and risk factors for sexual victimisation in 274 undergraduate women participated in the Time I assessment (protective and risk factors were assessed); 88 subjects participated in the Time II assessment (sexual victimisation during the fall semester was assessed); 105 subjects participated in the Time III assessment (victimisation during the spring semester was assessed). Assertiveness specific to situations with the opposite gender was protective at all 3 assessment times. Prior victimisation, alcohol use, poor adjustment (as indicated by

depression and anxiety), multiple sexual partners and insecurity about relationships with the opposite gender were significant risk factors.

Papini, Datan and McCluskey (2010) described the role of affective and assertive interactions in familial adaptation to adolescent pubertal development. Twenty five family triads consisting of the adolescent and parents were recorded and coded as affective or assertive using a modified version of Bales (1970) Interaction Process Analysis. This redefinition of trans pubertal family relations was characterised by a decline in the use of affective statements coupled with an increase in the use of assertive statements relative to prepubertal and post pubertal families.

Plax, Kearney and Beatty (2012) investigated female (n = 144) and male (n = 166) undergraduate students who reported one of their parents' level of assertiveness and the amount of reward associated with one's parents' assertive behaviour. All subjects completed the Rathus (1973) Assertiveness Schedule. The linear composite variation of subject perceived parent assertiveness, perceived reward and sex of subject was positively associated with the Rathus Assertiveness Schedule.

Poyrazli, Arbona, Nora, McPherson and Pisecco (2002) examined 122 graduate international students (aged 21 to 47 years) using the Rathus Assertiveness Schedule, Academic Self Efficacy Scale, Student Adjustment Strain Inventory and University of California Los Angeles Loneliness Scale. Findings indicated that English proficiency, assertiveness and academic self efficacy contributed uniquely to the variance in students' general adjustment level, while students' loneliness was predicted only by gender and assertiveness.

Smith, Schreiner, Jackson and Travis (2012) evaluated the impact of a camp curriculum to teach assertive communication skills to adolescents with diabetes. The curriculum included didactic information, sharing of personal experiences and role playing. Results showed a significant increase in adolescents' perceptions of one's assertiveness from before to after the camp experience, an increase that was still apparent at a 3 month follow-up.

Twenge (2001) studied that across two meta analyses, American women's assertiveness rose and fell with one's social status from 1931 to 1993. College women and

high school girls' self reports on assertiveness and dominance scales increased from 1931 to 1945, decreased from 1946 to 1967, and increased from 1968 to 1993, explaining about 14% of the variance in the trait. Women's scores had increased enough that many recent subjects showed no sex differences in assertiveness.

Zebrowski and Weiss (2002) investigated the conversational environments provided by parents to one's own young children who stutter, measures of conversational assertiveness and responsiveness were gleaned from 16 parents child dyads, in which 8 of the children were stutterers and 8 were normally fluent. The results demonstrated that the parents of stutterers and fluent children were not significantly different in two important characteristics of conversational interaction with one's children.

### **Anxiety**

Sasha and Philip (2012) conducted a study entitled effect of perceived child anxiety status on parental latency to intervene with anxious and non anxious youth. Sixty Parents those who had children with Anxiety Disorder and 56 parents those who had children with no Anxiety Disorder participated in this study. Participants listened and responded to an audio vignette of a parent child interaction and based on the audio vignette half were told the child was anxious and half were given a neutral description. Anxiety level was measured before and after the audio vignette among the participants and signalled when the mother on the vignette should accommodate the child. Whereas Parents of Non Anxiety Disordered responded significantly faster when provided with neutral information about the child than when told the child was anxious, Parents of Anxiety Disordered did not differ in response latency. However, Parents of Anxiety Disordered exhibited a significant increase in state anxiety and negative affect and a decrease in positive affect after the vignette, whereas Parents of Non Anxiety Disordered did not. Results suggested that Parents of Non Anxiety Disordered were more flexible and adaptable in their parenting behaviour than Parents of Anxiety Disordered and that the greater anxiety and emotional ability of Parents of Anxiety Disordered may influence their parenting.

Newman and Sallmann (2004) conducted a case analysis by gathering data from the public funded agencies which offered services for mental problems and substance

abuse. The collected information was used to find out the relation of substance abuse and mental health problem included stress, depression and anxiety among women with the history of sexual abuse. History of 2,140 women those who were treated for substance abuse and mental health problem were assessed. The results showed that history of sexual abuse was highly related to the mental health problems and substance abuse.

Keng, Sabrina, Esther and Laurie (2012) examined the patterns and the predictors of childhood anxiety and related symptoms in young children in a diverse Asian American participants (N = 101). Findings indicated that Asian American children were at higher risk for anxiety, somatization and depressive problems than their non Asian American peers. Parents' level of acculturation (i.e., American Identity, English Competence), parental negative emotion, socialization, conflicted parent child relationship, child emotional knowledge and adaptive skills, as well as teachers' ethnic background and school class types were all associated with Asian American children's anxiety. This study reported that special need of prevention services for Young Asian American children.

Denis, Michael, Kaitlyn and Brian (2013) conducted a Meta analysis to find out the effectiveness of Cognitive Behavioural Therapy on Anxiety among Children with High Functioning Autism. Anxiety is a common and impairing problem in children and adolescents with Autism Spectrum Disorder. There is emerging evidence that Cognitive Behavioural Therapy could reduce anxiety in children with high functioning Autism Spectrum Disorder. Eight studies involving 469 participants (252 treatments, 217 comparisons) were analysed based on inclusion criteria. Overall effect sizes for clinician and parent rated outcome measures of anxiety across all studies were  $d = 1.19$  and  $d = 1.21$ , respectively. Five studies that included child self report yielded an average  $d = 0.68$  in self reported anxiety. Parent ratings and clinician ratings of anxiety were sensitive to detecting change after the Cognitive Behavioural Therapy for anxiety among participants in treatment condition and control conditions. Clinical studies are needed to evaluate Cognitive Behavioural Therapy for anxiety against attention control conditions in Autism Spectrum Disorder children.

Adams and Bukowski (2007) assessed whether positive and supportive experiences were expected to minimize the effects of child sexual abuse whereas non supportive experiences were expected to magnify them. Utilizing multiple regressions, a

two way interaction found that those reporting low levels of friendship quality there was a stronger link between child sexual abuse and the number of diagnosed anxiety disorder than those reporting high levels of friendship quality. In addition a three way interaction was found that those reporting to have no friends and a low quality mother child relationships had the strongest association between child sexual abuse and the number of diagnosed anxiety disorders, while those reporting to have many friends and a high quality relationship had the weakest association.

Scribano, Hornor, Rhoda, Curran and Stevens (2010) evaluated anxiety during physical examinations for Child Sexual Abuse assessments using the Multidimensional Anxiety Score for Children (MASC-10). A second objective was to compare self reported anxiety to parental report using the MASC-10 and to medical provider's rating of emotional distress using the Genital Examination Distress Scale (GEDS). One hundred seventy five subject dyads were enrolled and were predominantly females accompanied by mothers. A significant sub group of children reported clinically significant levels of anxiety at the pre examination assessment (17.1%) and post examination assessment (15.4%). However, most subjects reported low anxiety at both pre and post examination assessments.

Schry, Maddox and White (2016) examined the social anxiety as a risk factor for alcohol related sexual victimisation among college women. Data were collected from the 572 college women who consumed alcohol within two months prior to the data collection. Social anxiety, alcohol use, alcohol related consequences and sexual victimization were assessed. Results showed that women high in social anxiety were approximately three times more likely to endorse unwanted alcohol related sexual experiences compared to women with low to moderate social anxiety.

### **Loneliness**

Stickley et al. (2016) examined the factors associated with adolescent loneliness in three countries that differ historically and culturally the Czech Republic, Russia and the United States and determined whether adolescent loneliness was associated with poorer psychological and somatic health. Data from a school survey, the Social and Health Assessment (SAHA), were used to examine these relations among 2205 Czech, 1995

Russian, and 2050 U.S. Adolescents from both gender aged 13 to 15 years old were selected. Logistic regression analysis was performed to find out whether specific demographic, parenting, personal or school based factors are related to the loneliness. This study investigated the effect of mood disorder (depression and anxiety) and somatic symptoms (e.g. headaches, pain) on loneliness and which disorder has higher impact on loneliness were also assessed. Inconsistent parenting, shyness and peer victimization were associated with higher odds for loneliness in at least 4 of the 6 country and sex wise sub groups (i.e. Czech, Russian, U.S. boys and girls). Parental warmth was a protective factor against feeling lonely among Czech and U.S. girls. Adolescents who were lonely had higher odds for reporting headaches, anxiety and depressive symptoms across all sub groups. Loneliness was associated with other somatic symptoms in at least half of the adolescent sub groups. Loneliness was associated with worse adolescent health across countries. The findings reported that variables from different domains were important for loneliness and high lighted the necessity of interventions in different settings in order to reduce loneliness and its detrimental effects on adolescent health.

Rode, Rotsaert and Delhaye (2015) reviewed on clinical implications: outlook of Loneliness and Adolescence. Loneliness is particularly prevalent during adolescence, a time also associated with the appearance of psychiatric illnesses. Loneliness associated with number of mental health problems such as depressive symptoms, low self esteem, anxiety and stress. During adolescence, individual undergoes major social and personal transformations through redefining their social network thus making them more susceptible to developing mental health problems. Some studies suggested that the risk of mental health problems arises when an adolescent repeatedly faced with loneliness. Mental health workers should therefore focus on any given adolescent's inability to establish satisfactory interpersonal relationships as a predictive element of loneliness.

Vanhalst, Goossens, Luyckx, Scholte and Engels (2013) examined the development of feeling of loneliness from mid to late adolescence. Trajectory classes, personality traits, and psychosocial functioning were considered to find out their impact on loneliness. Although loneliness is one of the major problem across late adolescence, very less researches was available which dealt with causes of loneliness development among late adolescents. Therefore present study aims to fill this gap by means of a five wave

cohort sequential longitudinal study spanning ages 15 to 20 (N = 389). Variable centered (i.e., latent growth curve modelling) and person centered (i.e., latent class growth analysis) approaches were used. Variable centered analyses showed that loneliness generally decreased over time. Person centered analyses pointed to considerable inter individual differences in the development of loneliness and identified 5 trajectory classes (i.e., stable low, low increasing, moderate decreasing, high increasing and chronically high). These five trajectory classes were differentially related to personality traits at age 15 (i.e., extraversion, agreeableness and emotional stability) and psychosocial functioning at age 20 (i.e., depressive symptoms, self esteem, anxiety and perceived stress). The findings underscore the additional value of studying sub groups regarding the development of loneliness.

Masi, Chen, Hawkey and Cacioppo (2011) examined the effectiveness of different kinds of interventions which was conducted to reduce Loneliness. Social and demographic trends were placing an increasing number of adults at risk for loneliness. The growing costs of loneliness have led to a number of loneliness reduction interventions. This Qualitative reviews identified four primary intervention strategies: 1) improving social skills 2) enhancing social support 3) increasing opportunities for social contact 4) addressing maladaptive social cognition. Results revealed that single group pre, post and non randomized comparison studies yielded larger mean effect sizes relative to randomized comparison studies. Intervention conducted based on maladaptive social cognition was highly suitable intervention to reduce loneliness when compared to the other three intervention strategies.

Storch and Warner (2004) examined the relationship of overt and relational victimization with social anxiety, loneliness and prosocial behaviours among female adolescents. The Social Experience Questionnaire, Social Anxiety Scale for Adolescents and Asher Loneliness Scale were administered to 561 girls studying in 9<sup>th</sup>, 10<sup>th</sup> and 11<sup>th</sup> grades. Consistent with prior work, overt and relational victimization were positively associated with fear of negative evaluation, social avoidance of general and new situations and loneliness. In addition, prosocial behaviours from peers moderated the effects of relational victimization and loneliness.

Williams (1983) investigated the phenomenon of loneliness in delinquent adolescents with regard to types of delinquency offenses committed, demographic characteristics and personality characteristics. The types of delinquency offenses were categorized as burglary, runaway, drugs, assault and incorrigible. The demographic variables examined were age, sex, race, family, rank or birth order, family structure in terms of parental presence, family income level, religion and geographic location. Ninety eight adolescents was selected from juvenile detention facilities in three metropolitan areas in the United States in the age range of 12 to 18 years were administered by the Loneliness Questionnaire and also provided information about themselves related to demographic characteristics and completed the FIRO-B Questionnaire, which measured interpersonal needs for inclusion, control and affection. The results revealed no significant differences with regard to any of the demographic variables when the effect of each was considered alone. However, there was a significant effect on loneliness by income when considered jointly with other demographic variables. Adolescents from the middle income group expressed more loneliness than those from the upper and lower income groups. No significant differences were observed with regard to personality characteristics related to interpersonal needs for inclusion and affection, but delinquent adolescents with medium to high needs for control indicated significantly more feelings of loneliness than delinquent adolescents with low needs for control.

Zhang, Gao, Fokkema, Alterman and Liu (2015) explored the associations between the interpersonal relationships in school, social support and loneliness among 1674 adolescent students were randomly selected from the middle schools. Results found that boys' loneliness was influenced by the qualities of opposite sex, teacher student and same sex relationships, whereas girls' loneliness was only influenced by same sex relationships. Additionally, social support mediated the association between same sex relationships and teacher student relationships and loneliness. Further, the quality of same sex relationships showed stronger association with boys' loneliness than girls'. Finally, the quality of same sex relationships showed the strongest association with boys' loneliness compared to opposite sex relationships and teacher student relationships. The findings were discussed to illuminate the possible mechanisms by which interpersonal relationships could influence loneliness.

Clark, Loxton and Tobin (2015) examined the changes in loneliness over time. The first study was a cross temporal meta analysis of 48 American college students who completed the Revised UCLA Loneliness Scale (N=13,041). In this study, the loneliness declined from 1978 to 2009 ( $d = -0.26$ ). In the second study, 385 high school students from that 153 Monitoring the Future project were selected and it showed that loneliness declined from 1991 to 2012. Declines were similar among White students ( $d = -0.14$ ), Black students ( $d = -0.17$ ), Male students ( $d = -0.11$ ) and Female students ( $d = -0.11$ ). Different loneliness factors showed diverging trends. Subjective isolation declined ( $d = -0.20$ ), whereas social network isolation increased ( $d = 0.06$ ). This study found that there may be some changes in loneliness over time.

Liao, Liu and Zhang (2014) investigated the relationship between social anxiety, coping style and loneliness among 773 left behind children from 8 junior middle schools located in rural areas of Zhejiang Province in China. Participants completed Social Anxiety Scale for Children, Simplified Coping Style Questionnaire and Children's Loneliness Scale. Results showed that there was a moderate correlation between social anxiety and loneliness, and social anxiety and loneliness had a significant negative relationship with positive coping style and a significant positive relationship with negative coping style. Left behind children's social anxiety not only directly predicted their loneliness but also had an indirect effect mediated by their copying style.

Walker (2011) examined the relationships between shyness and loneliness. Parents and children served as participants and they selected from public and private middle schools and church youth groups in Colorado and Indiana. Child participants completed several self report surveys regarding their relationship with parents, shyness, loneliness, social anxiety, and their attitude toward school. Parents completed a survey about their relationship with their child and responded to questions related to their perceptions of their child's shyness. Data was analyzed with a series of correlation and regression analyses. Greater degree shyness was found to be associated with higher levels of loneliness and social anxiety and less positive feelings about school. Due to a problem with multi colinearity during data analysis, the study was not able to explore the effect of the parent child relationship quality on the associations between shyness and adjustment factors.

### **Risk Factors of Child Sexual Abuse**

Whitaker et al. (2008) studied the risk factors for the perpetration of child sexual abuse by meta analysis by reviewing various studies related to the risk factors association with perpetration of child sexual abuse published since 1990. Risk factors were classified into one of the following six broad categories: family factors, externalizing behaviours, internalizing behaviours, social deficits, sexual problems and attitudes/ beliefs. Results of the review indicated that family factors were strongly related to the perpetrating children sexually. Intervention which focuses on the development of appropriate social and emotional skills for individual with family problems will reduce the risk of perpetration.

Kenny and Wurtele (2010) examined the ability of children to recognize "good" people as potential perpetrators prior and after completing a personal safety programme. The objective of the study was to determine whether young children could recognize the inappropriateness of a sexual request coming from people described as either "safe" or "unsafe", also to study whether preschoolers could be educated to recognize inappropriate touch requests regardless of the good/bad descriptor and to explore the children's ability to learn the recognition skill depended upon their age. They responded to questionnaires related to "good" and "bad" people's action to touch children's private parts, during before and after the educational programme. In this study preschool children (Mean age = 3.9 years) completed the Body Safety Training (BST) programme and Classroom Based Behavioural Programme. Results indicated that in pre testing, children had more difficulty in recognizing inappropriate touch requests when made by "good" people compared to "bad" people. After completing the Body Safety Training programme, children had significant gain in their ability to recognize the inappropriateness of requests made by both "good" and "bad" people. Post test findings demonstrated that children as young as 3 years of age can learn the inappropriateness of such requests even when coming from "good" people.

Caliso and Milner (1992) examined the history of childhood sexual abuse of parents and its impact on abusing their children. Modified Conflict Tactics Scale (CTS) and the Child Abuse Potential (CAP) Inventory were administered to matched groups of mothers of physically abused children with a childhood history of sexual abuse, non abusive comparison mothers with a childhood history of abuse, and non abusive

comparison mothers without a childhood history of abuse. Results indicated that non abusive mothers with a childhood history of abuse were less rigid in their child expectations and were happier in their interpersonal relationships than abusive mothers with a childhood history of abuse.

Cindy et al. (2012) examined the unique and combined effects of child abuse and children's exposure to domestic violence and lack of attachment to parents and antisocial behaviour during adolescence. Findings suggested that while youth dually exposed to abuse and domestic violence were less attached to parents than those who were not exposed. This study concluded that stronger bonds of attachment to parents in adolescence did appear to predict a lower risk of antisocial behaviour independent of exposure status.

Young (1998) examined the critical concept that is taught in virtually every programme about the distinction between safe and unsafe touch. Evaluation research demonstrated that this was a difficult concept for young children to learn and retain. This paper offered the hypothesis that the reason for this difficulty can be found in the attribution skills of young children.

### **Prevention of Sexual Abuse**

Tutty (1997) examined the effectiveness sexual abuse prevention programme for elementary school aged children. Two hundred and thirty one children were randomly assigned (matched by age) to participate in the programme and they divided into two group experimental condition (N=117) and control condition (N=114). Knowledge of abuse prevention concepts were tested using the 33 Item Children's Knowledge of Abuse Questionnaire Revised (CKAQ-R), it is a standardized questionnaire with strong psychometric properties, with a new sub scale on appropriate Touch. Data were collected during pre test and post test by using CKAQ-R. Results indicated that the programme was statistically significant, though authors suggested that programmes need to be presented in a more powerful manner.

Kaufman, Harbeck, Weber and Rudy (1994) conducted a study on 'Reexamining the Efficacy of Child Sexual Abuse Prevention Strategies: Victims' and Offenders' Attitudes'. Sample included with 16 Intra Familial Victims, 16 Intra Familial Perpetrators, and 15 Extra Familial Perpetrators of Child Sexual Abuse. They rated 5 point Likert type

scale to measure the efficacy of various prevention strategies. Results indicated that there were no differences between the three groups and that both victims and offenders appeared to have difficulty discriminating the value of 12 prevention topics, perhaps because the items were too global or because they engendered socially desirable responses. Open ended questions that asked offenders to identify factors that would dissuade them from pursuing the abuse of particular victims indicated that different prevention skills or strategies may be effective at different stages of the victim offender "relationship". The findings suggested that when questioning offenders or victims about the victimization process, investigators need to utilize specific (rather than global) questions and need to separately analyze each stage in the victim offender relationship.

Daro (1994) conducted a Meta analysis with various studies related to the child sexual abuse prevention. Seventeen studies employing random assignment to treatment and control groups and 21 additional studies using quasiexperimental designs were also reviewed. Most of the studies concluded that children do learn from the experience, although such learning is neither universal nor comprehensive. Most evaluations measure the child's knowledge but are unable to assess whether a gain in knowledge will lead to a sustained beneficial change in the child's behaviour. In an effort to focus on behaviour change, child safety programmes increasingly utilize role playing and participant modelling. A major benefit of personal safety education programmes may be an increased rate of disclosures by children of past or present abuse. A major area of concern may be the potential for safety education programmes to engender fear and anxiety in children. The author concludes that prevention programmes overall have beneficial impacts, which are strongest for children 7 to 12 years old. Characteristics of promising programmes were summarized. The article concludes with the following suggestions such as expanding prevention efforts to include public and parent education, life skills training for young adults, support groups for vulnerable children and adults and intervention for identified victims and perpetrators.

Finkelhor (2009) examined the prevention of childhood sexual abuse by Initiatives which have focused on two Primary Strategies Offender Management and School Based Educational Programmes. He explained that school based educational programmes teach children such skills as how to identify dangerous situations, refuse an abuser's approach,

break off an interaction and summon help. The programmes also aim to promote disclosure, reduce self blame and mobilize bystanders. Considerable evaluation research exists about these programmes, suggesting that they achieve certain of their goals. The programme promoted the disclosure and helped children not to blame themselves. But studies are inconclusive about whether education programmes reduce victimization. Author of this study urged further research and development of this approach, in particular efforts to integrate it into comprehensive health and safety promotion curricula. He also pointed to the evidence that supported counselling strategies for offenders, particularly juveniles, to reduce reoffending, and for victims, to prevent negative mental health and life course outcomes associated with abuse.

Paradise (2001) conducted a study on, 'Current Concepts in Preventing Sexual Abuse'. Author of this study argued that most efforts to prevent sexual abuse have focused on teaching school children to resist abuse after it starts and to report it promptly to trusted adults. These programmes increase children's knowledge and skills and the likelihood that children will disclose sexual victimization but have not been shown to reduce the incidence of abuse. A recent, unique approach to prevention is a Vermont Social Marketing Campaign that encouraged Sexual Offenders to Seek Treatment. During the campaign, 50 persons voluntarily sought treatment for sexual offending or sexual behaviour problems and 8 offenders presented themselves voluntarily to state attorney offices. Recent evidence indicated that many sexual offenders were themselves molested and that lack of family support about that molestation is an important risk factor for sexual offending. However, the number of treatment programmes for "sexually reactive" children and adolescent sexual offenders in the United States declined from more than 1000 in 1994 to 337 in 2000. There is an urgent need for methodologically sound research aimed at delineating the causes of sexual deviance and at measuring and improving the efficacy of treatment for sexual offenders.

Scholes, Jones, Hunt, Rolfe and Pozzebon (2012) conducted a meta analysis with various studies which was conducted based on preventive training to the school teachers. First, it examined the concerns about the lack of explicit professional development for educators concerning child protection and the need to develop understandings about prevention programme best practices within pre service and in service training. Second, it

identified five key considerations to inform teachers' selection and facilitation of Child Sexual Abuse prevention curriculum in school contexts namely (1) Characteristics of prevention programmes (2) Key messages in programmes (3) Decay in knowledge (4) negative side effects (5) Issues related to programme evaluation. Professional training to the teachers will be highly effective to prevent the child sexual abuse as children are mandated to go to school.

Daigneault et al. (2009) investigated the child sexual abuse and adulthood intimate partner violence in the general Canadian population of men and women. Secondary analyses were conducted based on the data from Canadian General Social Survey (1999), stratified sample of 9170 women and 7823 men were interviewed by telephone. The findings suggested that child sexual abuse was associated with a greater risk of all types of intimate partner violence and found to be consistent for women when compared to men.

Vezina et al. (2010) investigated on whether child sexual abuse was declining in Canada? Authors pointed out that trends of Canadian sexual crimes, as well as of other crimes and child maltreatment, do not clearly parallel those of the United States. Considering the inconsistent results from Canadian child protection services and the fact that victimization surveys and police databases do not support a decline in sexual crimes, it seems precipitous to conclude that Child sexual abuse has been declining in Canada. In future, more Canadian studies on child sexual abuse are greatly needed to further test how different factors such as the willingness of victims and their confidants to report the abuse to police or to the child protection system, or the ways cases are counted by each service impact the numbers of child sexual abuse cases known to the authorities.

Mwangi et al. (2015) examined nature of perpetrators and context of child sexual abuse by collecting data among victims aged 13-17 years and 18-24 years in Kenya. Standardized questionnaires and interview method were used to collect the data. Study found that remarkable consistency in the type of perpetrators of child sexual abuse before 18 years among 18-24 year olds across different forms of child sexual abuse and among male and female respondents. The perpetrators of the first incident of unwanted sexual touching were largely people known to the victims and were most likely to be intimate partners, friends/classmates and neighbours and the pattern was similar for girls and boys.

Mathews et al. (2016) examined the impact of a new legislative mandatory reporting duty for child sexual abuse in the State of Western Australia over 7 years. Data were analyzed about numbers and outcomes of reports by mandated reporters, for periods before the law (2006–2008) and after the law (2009–2012). The results suggested a mandatory report of law for child sexual abuse was associated with a substantial and sustained increase in identification of cases of child sexual abuse. Findings have significant implications for law, policy and practice in the international community. Societies which already have mandatory reporting laws for child sexual abuse should monitor trends in reporting and outcomes and conduct other research to identify areas where systemic improvements may be made, either across all mandated reporters or within specific occupational groups. Authors pointed out that societies which are considering the introduction of a mandatory reporting law for child sexual abuse should find support for this policy intervention from these findings, while recognizing the associated needs for reporter education, investment in agency capacity and service provision and the need to implement responses to reports with sensitivity.

Schaefer et al. (2010) compared potential offenders (Those are not committed any offence but they may be at risk of doing so) and Dunkelfeld offenders (those are having interest in having sexual contact with children), which can be viewed as ideal target groups for (primary) prevention efforts with respect to child sexual abuse. Also, this study sought to demonstrate the feasibility of using a telephone screening procedure to conduct research with these groups. Using a Computer Assisted Telephone Interview (CATI), data on demographics, mental health, sexuality, criminal history and victim characteristics were collected from respondents. Results suggested that Dunkelfeld offenders are in the risk of committing offence than the potential offenders. The study suggested that prevention programmes must be focused on the Dunkelfeld offenders in order to reduce the child sexual abuse in future.

### **Effects of Child Abuse**

Erogul, Rezan, Hasirci and Ozlem (2013) investigated the effectiveness of a school based child sexual abuse prevention programme on 36 elementary school (4<sup>th</sup> grade) students. Quasi experimental design with pre test, post test and control group method was used. Eighteen students were randomly assigned to the each Experimental Group and

Control Group. ‘Psycho Educational Training Programme on Preventing Child Sexual Abuse was given to the experimental group. The themes of the training programmes included with personal rights, ‘my body belongs to me’, safe touch unsafe touch discrimination, breaking promise, body safety rules, say “No”, and bad secrets, talking with an adult who believes the child and sexual abuse was never a child’s fault. Each session was for one hour, with a ten minute break, and programme was completed during four consecutive days. During this period, control group did not receive any treatment. Results of ANCOVA analysis showed that students with training had gained significant changes on their awareness than the control group. The effect size of the study was calculated by Cohen’s D, and it was 0.80. Results indicated that child sexual abuse prevention programme was effective among 4<sup>th</sup> grade students and follow-up study also confirmed the results after 8 weeks of the training programme. This study was the first experimental effort to prevent children from child sexual abuse in the school context in Turkey.

David, Anne, Heather, Turner and Sherry (2013) conducted a research entitled Lifetime Prevalence of Child Sexual Abuse and Sexual Assault: Assessed in Late Adolescence. Estimated likelihood that recent cohort of children would be exposed to sexual abuse and sexual assault by age 17 in the United States. This analysis was drawn on three very similarly designed National telephone surveys of youth in 2003, 2008 and 2011, resulting in a pooled sample of 708 (17 Years Old), 781 (15 Years Old) and 804 (16 Years Old). Self report surveys in late adolescence revealed that high rates of life time experience with sexual abuse and sexual assault at the hands of both adults and peers.

Tara (2002) conducted a study entitled “Cries for help in Canada” this study reviewed various studies to find out the psychological effects of child maltreatment. Child maltreatment included 4 primary acts such as Physical Abuse, Sexual Abuse, Emotional Abuse and Neglect. Based on the detailed review of the researches, author pointed out that child maltreatment occurs in Canada at alarming rates. Findings revealed that hundreds of thousand cases each year were reported to Child Welfare Agencies in Canada. Child maltreatment affects children in a number of ways, such as higher rates of psychiatric and psychological disorders.

Giampaolo, Alessandra, Davide, Tatiana and Charles (2013) found out the relationship between the Child Abuse and Neglect and Anxiety disorders. Connection between childhood maltreatment and mental disorders was firmly established. In addition relationship between depression and childhood maltreatment was also well established; evidence on connection between child maltreatment and anxiety disorder still had to be established. The effects of childhood maltreatment on the development of anxiety disorders are not specific but depend on genetic vulnerability and resilience, type of the maltreatment and other environmental and biological factors.

Sousa, Herrenkohl, Moylan, Tajima, Klika, Herrenkohl and Russo (2011) examined the unique and combined effects of child abuse and children's exposure to domestic violence on later attachment to parents and anti social behaviour during adolescence. This study investigated whether the interaction of exposure and low attachment predicted youth outcomes. Findings suggested that preventing child abuse and children's exposure to domestic violence could lessen the risk of anti social behaviour during adolescence, as could strengthen parent child attachments in adolescence. However, strengthening attachments between parents and children after exposure may not be sufficient to counter the negative impact of earlier violence trauma in children.

Safren, Gershuny, Marzol, Otto and Pollack (2002) examined the history of connection between childhood abuse and panic disorder, social phobia and generalized anxiety disorder. Regardless of the presence of comorbid anxiety disorders or comorbid depression, patients with panic disorder had significantly higher rates of past childhood physical or sexual abuse than patients with social phobia. Patients with generalized anxiety disorder had intermediate rates of past physical or sexual abuse that were not significantly different from the other two diagnostic groups. Anxiety disorder patients with a history of childhood abuse were also more likely to have comorbid major depression than those without. Authors also pointed out that biological and behavioural factor that may influence the development of anxiety disorders after the experience of a traumatic event.

Katija and Ajdukovic (2011) conducted a study entitled 'Risk factors of child physical abuse by parents with mixed anxiety depressive disorder or post traumatic stress disorder'. Twenty five males and 25 females with the Mixed Anxiety and Depressive Disorder, 30 men with a diagnosis of post traumatic stress disorder and same details were

collected among parents from the general population too with the sample size of 45 men and 55 women. Parents those having elementary school going children were included and administered by the General Information Questionnaire, Child Abuse Experience Inventory, Perceived Social Support Scale and the Child Abuse Potential Inventory (CAPI) Clinical Abuse Scale. Results indicated higher risk of child physical abuse among parents with Mixed Anxiety, Depressive Disorder and Post Traumatic Stress Disorder than parents from the general population. Parents with Post Traumatic Stress Disorder showed higher risk of child abuse when compared to the other three groups. Since parents with Post Traumatic Stress Disorder have significantly higher risk of child abuse than parents with Mixed Anxiety and Depressive Disorder, further large sample research was needed to clarify the relationship between Post Traumatic Stress Disorder intensity and the risk of child abuse.

Pereda et al. (2009) conducted Meta analyses which covered international level studies related to the child sexual abuse. Various electronic data bases were used in order to collect range of studies. A detailed analysis was conducted on effects of various moderator variables. Sixty five articles covering 22 countries were included to analyse, and the analysis showed that 7.9% of men and 19.7% of women had suffered some form of sexual abuse prior to the age of eighteen. Study concluded that child sexual abuse is a serious problem in the world.

Daray et al. (2016) conducted a study to understand the relationship between child sexual abuse, impulsivity and frequency of life time suicide attempts among female patients admitted for suicidal behaviour. Data was collected from the 177 female patients those who attempted suicide with age range between 18 to 63 years. Structured interview method was used to collect the data. The findings indicated that child sexual abuse and impulsivity are associated with an increased number of life time suicide attempts among female patients under the treatment in emergency department with the complaint of suicide attempt or active suicidal ideation.

Walsh, Latzman and Latzman (2014) conducted a study by testing a model specifying that traumatic intrusions after early abuse may increase risk for alcohol problems, which in turn may increase the likelihood of engaging in various types of Sexual Risk Behaviour (SRB). One thousand one hundred and sixty nine racially diverse

college students participated and completed questionnaires which measured child abuse, traumatic intrusions, alcohol problems and sexual risk behaviour. Traumatic intrusions have association with alcoholic problems and traumatic intrusions and alcoholic problem have relationship with the Sexual Risk Behaviour. Particularly alcohol problems are strongly associated with the Sexual Risk Behaviour among female participants.

Davies and Jones (2013) identified the possible risk factors predisposing children to sexual abuse. Data was collected from Lancashire Safe Sexual Assault Forensic Examination (SAFE) Centre by the secondary data collection method. Details of 138 sexually abused cases with 12 males and 126 females, majority of them had possible risk factors. Based on the assessment authors concluded that alcohol and drug use may be an area in which preventative strategies would be beneficial. Results also indicated that ethnic minorities may hold a large amount of unreported cases.

Horn et al. (2016) investigated the Impact of delinquent behaviours and sexual risk behaviours in 146 delinquent girls. The findings highlighted the strong association between negative life events and sexual risk behaviours. Authors considered sexual risk behaviours and negative life events at therapy sessions, even when Post Traumatic Stress Disorder symptoms are not clearly present. Study provided following implications including delinquent girls may benefit from trauma focused therapy, which in turn might prevent them from slipping further in unhealthy or problem behaviours such as unintended pregnancies or depression and interventions targeting general risk behaviours (such as delinquency) that might more successfully affect sexual risk behaviours (in particular teen pregnancy) than those targeted at sexual risk behaviours exclusively.

Jennifer, Miller, Lisa, Kenneth, John and Gregory (2007) examined the 574 children in the age range of 15 to 21 years were selected and found out the links between early physical abuse and violent delinquency and other socially relevant outcomes during late adolescence or early adulthood. Analyses of covariance indicated that individuals who had been physically abused in the first 5 years of life were at greater risk for being arrested as juveniles for violent, non violent and status offenses. Moreover, physically abused youth were less likely to have graduated from high school and more likely to have been fired in the past year, to have been a teen parent, and to have been pregnant or impregnated someone in the past year while not married.

Littleton et al. (2007) studied the physical or sexual abuse and recent sexual risk behaviours among adult women. Data were collected from 1,428 women between 18 and 40 years of age on recent sexual behaviours and sexual and physical abuse history. The results showed that a history of physical abuse by a romantic partner was associated with several sexual risk behaviours. Association was found between intra familial physical or sexual abuse and recent sexual risk behaviours.