



# Long Term Effects of Abuse and Violence on Children's Behavior

**Maria Lourdes A de Vera\***

Graduate School Department, University of Santo Tomas, USA

\*Corresponding author: Maria Lourdes A de Vera, Graduate School Department, University of Santo Tomas, Philippines, USA

To Cite This Article: Maria Lourdes A de Vera. Long Term Effects of Abuse and Violence on Children's Behavior. Am J Biomed Sci & Res. 2018 - 4(5). AJBSR.MS.ID.000832. DOI: [10.34297/AJBSR.2019.04.000832](https://doi.org/10.34297/AJBSR.2019.04.000832)

Received: 📅 August 08, 2019; Published: 📅 August 21, 2019

## Abstract

Abuse and Violence are a health risk among Children. It carries the potential of producing long and debilitating mental health problems that includes maladaptive behaviors, anxiety disorders, personality or relational issues. This health issue requires equal importance as any other physiologic and physical disorder. It advocates the use of client centered or person-centered therapy. Every child is a human being having similar rights as any adult have. It includes their right to association with both parents, human identity, the provision of the basic needs for physical protection, food, universal state-paid education, health care, and criminal laws appropriate for the age and development of the child, equal protection of the child's civil rights, and freedom. Prevention of a disruptive home environment is better than a whole system of cure. Abuse, whatever the nature is; physical, psychological or sexual according to Mullen and Fleming (1998) reveals a significant connection between a history of child abuse and a range of adverse outcomes both in childhood and adulthood. The important role of the family and community where the child is raised is stressed. This study describes coping mechanism, mental health wellbeing and functioning of an abused child. The child's right to be respected for his views is necessary in the treatment and healing process.

## Introduction

The essence of violence is the destruction of human beings. This includes not only killing but the creation of cultural conditions that materially or psychologically destroy or diminish people's dignity, happiness, and the capacity to fulfill basic material needs.

### Ervin Staub

The challenges in childhood cluster around mental health, physical development and home environment. Any neglect, damage or abuse to any of the following aspects of human development appear to contribute to long term effects on behavior. In assuring the welfare and well-being of all children, every child has twelve fundamental rights. Abuse, Neglect and Violence are among the risk factors that affect the child's health. It carries the potential of producing long term and debilitating mental health problems that includes maladaptive behaviors in childhood. Unresolved issues can contribute to certain personal difficulties in adjustment and are carried over to adulthood. Abuse is a pattern of behavior exhibiting improper or grave use of power to impose, gain and maintain authority and control that violates and or injure the subject. Violence is the extreme form of aggression with the use of intimidation, violation and force. Taken from the Latin verb word that means to disregard; Neglect is abandonment or failure to provide the basic needs of a growing child.

Children do not receive the appropriate attention and care. Without necessity of comparison abuse, neglect and violence affects families of all socioeconomic backgrounds and education levels. It occurs to all race, age, sexual orientation, religion, and culture. Neglect and violence are about abusing children that lowers or destroy the development of a healthy self-esteem, destroys the self-confidence and damages self-image. Children are the most prone to and are the usual victim of all types of abuse. The abuse of children can be physical, emotional, or sexual in nature. It is perpetuated within the context of a relationship of responsibility, trust or power, resulting in actual or potential harm to the child's, health, life sense and development. The Brain fully develops into maturity at the age of 25 years old. Young children acquire over time skills and developing the capacity to deal with the complexities of life. Children are most likely to run the risk in an environment where abuse and violence occur as they lack of maturity in recognizing the incidence of abuse. "Every child will receive effective protection from harmful influences, abuse (physical & mental), neglect, corporal punishment and all forms of exploitation....".

The occurrence of abuse and violence tend to be insidious. It occurs in a subtle manner that makes it difficult to recognize. It is pervasive in homes, schools and communities. Identifying cases



within the community may not be an easy task. This is a health issue that requires equal importance as any other physiologic and physical disorder. Abuse and violence are the main features of adverse childhood experience. The tragedy of abuse, neglect and violence is that it creates experience of powerlessness and subjugation. It breaks the child before they can fully develop into maturity. In adverse experience there is an intentional or non-intentional harsh treatment of children. The maltreated child is unable to do anything or say anything about their situation out of shame or fear. The repeated or chronic exposure to physical abuse and/ or neglect, sexual abuse and / or persistent sexual abuse, emotional abuse and/ or neglect, physical neglect, emotional neglect.

### Physical Abuse and Neglect

Physical abuse includes pinching, pushing, grabbing, shoving, slapping, beating and hitting. Beating or hitting a child can be done with or without the use of objects such as the belt, stick or any object that can afflict serious damage on the Child. Heavy to severe beatings and hitting can usually come from the father but does not exclude the possibility of such from the hands of mother or the child's caregiver. Physical Neglect occurs when the child's basic need for food, shelter and clothing are not met. Lack of proper diet and sustenance. Child looks emaciated and may have low energy in school. Irritability and sleepiness in class. Unkempt clothes, untidy and dirty clothing. " .... Additionally, every child is provided opportunities to make complaints to an identifiable third party. Those caring for children are trained and given appropriate discipline techniques. "

### Disciplinary Measures

Many children suffer physical abuse under the guise of discipline and corporal punishment. Abused children are made to believe being "good enough" is to conform blindly to adult supervision. In cases of child discipline, punishment can be invariably imposed. Although cultural differences in child rearing practices must be considered, reward and consequence must be commensurate and appropriate to the deeds of the child. Consequence and punishment must not be measured as displacement of anger. In other words, discipline must be directed towards improving a specific behavior without harsh or punitive punishment. The child must be aware of his action and understand the context of which he is subjected to corrective measures. Discipline is a process of developing and bringing out the best behavior of the child's character. Within the context of discipline; most children easily fall prey because the perpetrator manipulates the child's willingness to follow. An attachment or bonding that can be subjected to subtle to extreme forms of abuse. Generally, children who rise up and question an adult are categorically marked as rebellious and thus punished under the guise of discipline. Abusive and harsh physical treatment in childhood tend to manifest itself in later life and are associated with antisocial behaviors in adulthood in both men and women.

Punitive corporal punishment in school and home are abusive tendencies to child rearing.

These practices can be culturally influenced. Culture has the capacity to modify the individual's perception and understanding of abuse and neglect. Culture simply means the manner in which parents or caregivers are empowered to think, feel and act in certain peculiar ways which has the potential to cause long-term damage to a child's self-concept and wellbeing, that includes infliction of self-harm. Growing in an abusive environment causes unnecessary stress on children that has toxic effects in the biological sense. It affects physical, intellectual and biological development of children. Abuse during childhood is linked to changes in the brain structure that may make depression more severe in later life. A region in the brain involved in emotional awareness referred to as the insular cortex tends to be smaller for those who experienced childhood abuse in statistical analysis. Prosser (2019) Prolonged exposure to adverse experiences such as emotional neglect, physical or sexual abuse cause traumas in childhood that often alters the brain structure. These alternations lead to recurrence of depression and worse outcomes. Opel (2019) However, Brain changes can be reversible, and the team led by Opel is planning to test which types of therapies is effective for this group. Behaviorally, it can be observed that most of my late adolescent subjects experience extreme mood swings from elation to depression and express frustration over their inability to cope with emotional issues. It is noted that the respondents who have reached young adulthood have addiction to alcoholic beverages.

Generally, children from difficult situations lack the acceptable social skills that often makes them odd and are addressed as different. Owing to their home set up and environment children form socially unacceptable skills. The role of nurturance has a significant effect on the child. According to Piaget children build their own knowledge based on their experiences. These children adapt and incorporate as their own what they see and observe from the adults around. Thus, the possibility of repeating the same abusive cycle of behavior on their own without direct influence from adults or older children unless dysfunctional home environment is assisted accordingly. Traumatized children from adverse childhood experience struggle for acceptance and must be approached affirmatively. Management of hurting children include a wide range of therapy that includes education, play and art. A classroom management that is inclusive of vulnerable children is helpful. Struggling students with behavioral issues need to be affirmed with positivity. Appreciating desirable actions and positive behavior help in school and community adjustment. "The Right to a Stable, Loving and Nurturing Environment, Every child should be able to experience attachment with its caregiver through a stable, loving and nurturing family environment."

What children cannot express in words are communicated in terms of behaviors. Emotional neglect due to parents or caregiver's

inability to appropriately respond to the child contribute to feelings of inadequacy in children. In far more difficult cases, having failed to achieve a secure attachment re-establishing trust and hope can be crucial and challenging. The child's second chance in redeeming a negative factor is the school. The need for consistency and assurance is highly noticeable among children who are emotionally neglected. Perceived or real abandonment leads to clingy children. When parents leave children unknowingly in schools create a sense of fear. These children experience uncertainty and separation anxiety builds up. These fears are usually expressed through extreme crying, rolling on the floor, stomping their feet, chasing their caregiver in an attempt to prevent them from being left behind. Consistency and authenticity of care are key attributes of a stable and secure attachment. Moreover, behaviors among children experiencing "toxic stress" tend to show a combination of the behaviors that are beyond the normal response which are listed below and are commonly observed in school are as follows:

- a. Irritable, sensitive and easily cries
- b. Inability to express or communicate what his needs are
- c. Overly timid and has the tendency to be alone
- d. Poor social interaction with other children
- e. Lacks motivation
- f. Fidgety and cannot be still in one place
- g. Difficulty in sustaining focus
- h. Decreased level of attention
- i. Decreased ability to listen
- j. Destructive behavior like ripping books, notebooks
- k. Bites his clothes when subjected to threatening circumstances
- l. Pinches other children
- m. Tends to inflict harm on oneself
- n. Express the desire to end one's life

Lacking the adequate responsive skills, these children tend to have a poor reception for rewards and praise. Trauma and harsh treatment dull the ability to empathise and the capacity to respond appropriately is limited. Children from an emotionally deprived environment can still learn the concept of right affection, praise and reward. Most Children who are exposed to toxic stress can become emotionally tough showing less emotional response or reaction because they conditioned themselves to elicit less emotion, to adapt to the situation presented to them. Their emotion and cognitive ability are fashioned to survive prolonged toxic stress, hurt, pain and rejection. Being smug and tough is just a way to protect a broken or hurting inner self that needs to be protected. They have a stronger

inner sense to survive and to protect oneself from further trauma is to set up a defense mechanism by putting up a wall. These Children tend to be aloof however, it must be considered that their sense for personal space must be recognized considering the fact that they are most often abused or violated physically or emotionally. Therefore, their need for privacy is marked higher much more than the average child. Although these behaviors may be observed in other childhood problems, an extensive and exhaustive background check is necessary to rule out other emotional and mental health issues. Case to case management is therefore advised. Anxiety disorder and personal and relational issue are commonly experienced as a result of adverse childhood experiences. Disruptive experiences are associated with maladjusted behaviors in adulthood. Individualized and personalized management care is recommended. Proper care and attention are necessary for prioritizing and informing efforts for effective prevention of abuse and violence during childhood.

Accepting students without judgmental stereotyping provides comfort for the child and ushers the readiness to change. Focus on the child's best quality reinforce good behavior. It can be noted that owing to the child's poor self-image, the need for consistent reassurance and affirmation is increased in its attempt to recover and redeem the need for affection and appreciation where it was otherwise lacking. When words are not enough, affirm children with your presence. Let them know that you are ready and available. Hear them out first without talking your way in. Attentive listening and perceptive understanding are one of the essential cues. After the home environment, the next significant adult is the teacher at school. The lack of stability in the home environment leads itself to slowed academic performance. Absent mindedness at school can also be due to lack of nutrition or proper sleep that shows in the child's poor concentration and focus necessary to participate in school activities or comprehension in academic subjects. The experience of prolonged toxic stress in the home is a major factor that depletes the interest, motivation and deviates the child's priority to shift to the satisfaction of basic needs such as security and safety. Other essential things such as exploring, learning and establishing interpersonal relationships, may widely be ignored and considered as secondary to the child. This is evident in school performance.

Prolonged maltreatment leads to the development of odd behaviors or antisocial behaviors. These children exhibited a decreased interest in social interaction, aloofness, disorganized in thoughts or neglectful in their personal things, in their work and in themselves. The responsibility to care for oneself is low, secondary even, and can be connected to their low self-esteem. Close and caring relationship creates a sense of warmth and security. It is a bonding experience that normally should have been from infancy. Intimacy is formed from early childhood. It is necessary in establishing satisfying and happy relationships later in adult life. Disruptive attachment between the primary caregiver or the parent

can greatly cause difficulties in relational abilities of the child. In adverse childhood experiences, establishing a healthy attachment is not developed thus replaced by a disruptive and insecure connection. A stable parent or surrogate caregiver is essential in the development of a healthy wellbeing. "Every child is treated with respect and lives in adequate conditions with sufficient belongings that foster a sense of dignity and freedom."

Achieving an open communication and reach an understanding is one of the major issues in guiding traumatized children. Trust is of major concern. Violated and abused, these children experience fear and anxiety that affects their relation skills. They often lack the appropriate emotional skills. Children are often tagged as difficult when adults are unable to connect or understand how these children convey the need for attention and affirmation. A healthy connection or secure attachment is most necessary in raising healthy and stable relationships. Re-establishing a broken or insecure attachment needs a lot of creativity. The power of "Trying" or "not giving up" is a healing process for the child but is very challenging for the caregiver or parent. When children see surrogate caregivers persist in providing them assurance, it sends a powerful message of hope and heals the ability to trust. Crying and excessively timid children are insecure and afraid. They experience fear and tend to worry more often about being abandoned, unaccepted or shamed. Children need to be given sufficient affection, affirmation, acceptance, assurance and appreciation for what and who they are. The ability to stand for oneself requires decent experience of unconditional love from infancy.

Adverse Childhood Experience is characterized mainly by disruptive family relations that has persisted long enough. Emotional stresses are intangible. Most of adult emotional difficulties can be rooted in childhood. According to the National Institute of Mental Health, the average person with a mental illness takes over ten years to ask for help. This kind of attachment, bond or Love helps children endure the threat of loss of self-esteem. Awkward and bizarre behaviors are a product of the lack of self-confidence and the ability to carry oneself in a crowd. Adverse Childhood experiences form a set of behaviors that passes through childhood up to adulthood. These behavioral patterns distort objective character and the true inner self in various unfortunate ways. Sensitivity and empathy are at most, our essential tools in building secure and stable attachment with our children. However, the child must be understood from the proximity of their own background to better understand the child. Focus on the potential of the child by looking past their adverse circumstances perceiving them as they are and not who they were. These are but cues or post in understanding the present. Reaffirm the basic goodness present in the child and assist the child to re-align their behavior to what is healthy. "The Right to Guidance from a Caring Adult. Every child will be actively supported by caring, trained, adults who will invest in the child's success."

Early childhood and caregiver relationships highly predict the future social - relation patterns that will eventually become part of the child's set of behaviors and thinking processes. Human beings are creatures that take the longest period of time to mature. It is grounded on the Evolutionary characteristics of human Nature. The necessity of nurturance as a feature is basically hard wired in human nature and most significantly in raising a happy and well-adjusted child. Studies have shown that parents maltreated as children are at a higher risk of abusing their own children. However, it is worthwhile to consider that the majority of abusing parents were not, in fact, themselves abused. Other factors must be explored such as poverty, young and unprepared parenting, substance abuse, intimate partner violence amongst other things tend to contribute to abuse. Disruptive relationships in the home environment cause "Toxic stress" on children which has a serious physiological effect. Prolonged exposure to traumatic experiences negatively alters the body's stress response system. It remains heightened and activated causing the bodily functions to compensate for the underlying condition that the child is exposed to. This can alter the structure and the functioning of body and the development of the brain in childhood most especially during the early formative first two years of life. Exposure to abuse and violent environments have damaging effects. It affects the child's sense for physical safety, emotional and cognitive wellbeing at every stage.

Depending on what age abuse is experienced, the developmental task is likewise affected. Thus, it becomes a pattern of behavior. As children grow older, a new and wider exposure to different people outside the home environment leads a child to develop friendships, relations or connections that broadens their social world. It opens the possibility of recovery from adverse childhood experience or a repetition of a new form of abuse. The prevention of a disruptive home environment is highly recommended than a whole system of cure and rehabilitation. Abuse, whatever the form; physical, psychological or sexual according to Muller and Fleming (1998) reveals a significant connection between a history of abuse and a range of adverse outcomes both in childhood and adulthood. Overwhelming social forces that act on parents with few resources or skills with which to cope and adapt can produce violent tendencies that lead to the mistreatment of their children.

### **Childhood and Adolescence Sexual Abuse**

This study started in 1992, where cases of Abuse seemed an isolated case and Rape was almost unthinkable. It was a common notion that these incidents occur only in underprivileged areas and poor families who are exposed to violence secondary to poverty and usual social hazards. However, contrary to such perception abuse happens in all levels of society. Owing to cultural environment, such incidents must be handled discreetly and within the family which most likely are not reported due to social unacceptance or rejection of the family. Overall, the Philippine National Police recorded an



increasing trend of reported rape cases from 2011 to 2015, with 832 cases in the year 2011 to 2,010 cases in the year 2014. This slightly decreased to 1,986 in 2015. Reported rape cases ranked second among the cases of violence against women. The same increasing trend is shown for cases of attempted rape with 201 reports in 2011 to 677 reports in 2015. Comparison of the incidence of child abuse among certain group and families is not significant. Child abuse is a common incidence affecting all levels of society and committed by caregivers or parents regardless of educational status.

Abuse and violence in all forms is a serious global health problem affecting children. Studies on it have been conducted and there is much documented evidence that the phenomenon is common throughout the world. Much more that is recognized as a social concern measures should be done about the problem. Sexual abuse is sexual activity that occurs either in childhood or adolescence, with the use force, threats, taking advantage of victims. Childhood and adolescent sexual abuse are associated with a wide variety of adverse psychological and health outcomes, including negative sexual health outcomes. Generally, victims and perpetrators know each other. Spontaneous reaction to sexual abuse includes shock or emotional flatness, dissociation, and shame. Most subjects delay asking for help out of fear which contribute to repeated occasions of abuse. Long-term effects include anxiety, fear or post-traumatic stress disorder.

There were no significant differences with various factors such as gender, socioeconomic status, relationship to perpetrator, and number of abuse incidents. The debilitating effects of child sexual abuse among my subjects shows: depression, suicide, sexual promiscuity, victim-perpetrator cycle, and poor academic performance. The case analyses provide clear evidence that supports the link between sexual abuse and subsequent negative short- and long-term effects on the overall emotional and psychological development. Most respondents report that they are unable to engage in relationships without facing the same fear or abuse previously encountered. Whether the sexual abuse is perpetuated towards a girl or a boy, the traumatization experienced is the same. It is the violation of psychological space and the invasion of physical space with the grave use of force over the subject. The experience of childhood and adolescent sexual abuse hampers the ability to relate or establish satisfying and long-term relationships.

History of Childhood abuse is factor to consider in subjects having relational difficulties in adulthood. Past experiences with abuse tend to cause victims to consider abuse to be a normal part of a relationship, and thus repeat the cycle of abusive relationships where they may stay with sexual partners who are abusive. Most respondents have become blind with Partner violence that it tends to make the abused individual more likely to engage in risky sex, as he or she may fear reprisal if they request safer sex. Most subjects expressed being abused by current partners and fall into a cycle of abuse if not identified soon.

## Cultural Variations

In a comparison with other Asian countries, in Indonesia, raising the age of consent to 18 is explained under the child protection Act. Sexual acts with a child could result in bodily and mental injury, while it remains that definition of a child is anyone under 18 years old. A reported court verdict using the Child Protection Act was done in 2009 against an Australian national. In Bangladesh, age 14; regardless of gender or sexual orientation the age of consent is age 15 in Cambodia; moreover, the Japanese Penal Code passed in 1907 sets a minimal age of consent of 13 regardless of gender or sexual orientation. However, the Children Welfare Act chapter 34 forbids any act of "fornication" with children defined as anyone under 18 years of age. Quite interestingly the age of consent in Israel is 16 regardless of gender or sexual orientation as provided by the Israeli Penal Code of 1977. In all cases that don't involve penetration, the age of consent is 14 (for both heterosexual and homosexual activities). Any form of sexual relations involving penetration (unless the person above 16 is the one being penetrated - in that case the age of consent is 14). A special case arises when a person aged 14 or 15 had sexual relations with an older partner; in this case the older partner would be exempt of criminal liability if three conditions are met: the age difference between the partners was less than three years, the younger partner gave consent and the act was done out of "regular friendly relations" and without the abuse of power.

The age of consent in the Philippines is 12 years old. A Filipino can legally engage in consensual sex at the age of 12. Sex with a person below the age of twelve is considered statutory rape. Sexual abuse occurs either in childhood or adolescence. From among all Asian countries the Philippines holds the youngest age of consent which is 12. The lowering of age of consent will only decrease the figures affecting the crime but it does not change the effect on the Child or the adolescent. Based on the differences among Asian countries, what it clearly shows a child must be given the necessary protection to mature emotionally and physically until such time that he or she is ready to give consent to sexual activity. In my study, most rape cases are incestuous between brothers and sister, uncle and nephews, uncles and niece and father and daughters. It is observed that most of these children experience relational issues in their adult life and or peculiar sexual patterns and preferences as disclosed by the subjects. Some of the subjects are unable to heal completely and still recall the experience with resentment and pain. And the common coping mechanism is social isolation. These cases are not openly reported due religious affinity, social background and their personal decision not to do so. Cases of incestuous rape average at 30 reports per year for the past five years. These reports and figures show that rape remains a prevalent social problem.

Results show that most children or teenage boys or girls experience difficulty in forming stable relationships during adulthood or find themselves in the same abusive relationships.

Without the necessary help to resolve such inner conflicts and process traumatic experiences often results to maladaptive tendencies in adult life.

In 1999, the WHO Consultation on Child Abuse Prevention drafted the following definition: "Child abuse or maltreatment constitutes all forms of physical and/or emotional ill-treatment, sexual abuse, neglect or negligent treatment or commercial or other exploitation, resulting in actual or potential harm to the child's health, survival, development or dignity in the context of a relationship of responsibility, trust or power."

### **Emotional Abuse and Emotional Neglect**

Emotional and Psychological abuse against children constitute behaviors that receives less attention than physical abuse or sexual abuse. Culture and tradition appear to strongly influence the non-physical techniques parents and caregivers use to discipline children. Variation in Cultural perspective must be taken into consideration. The most common forms of emotional abuse are the following:

- a) Name calling, mocking, intimidation and making humiliating remarks and gestures privately or publicly.
- b) Smothering with gifts to manipulate children's innocence. Bribing children for a price to get personal benefits.
- c) Yelling or shouting over the child's face.
- d) Putting the child down in front of friends, or others
- e) Threatening to abandon the child
- f) Devaluing the child's ability
- g) Threatening the child to be given to a stranger
- h) Withdrawal of affection

Shouting at children is a common response disciplinary measure by parents. Cursing children and calling them names appears vary according to educational and social status. Threatening children with abandonment or with being locked out of the house, were frequently used by mothers as a disciplinary measure in the Philippines. Preventing the occurrence of violence and maltreatment by assisting parents and caregivers by educating them with the proper management of children and the humane treatment in childhood may reduce antisocial behaviors. And the important role of family and community is given emphasis. The home and school have an effect on the community itself as much as family and school environment correlate with the community.

Violent and abusive treatment in childhood measures difficult or antisocial behaviors in adulthood. It is highly suggested that further management and inquiry into Family, school and community practices or experiences must be evaluated further for effective prevention of violence during childhood, where every case

of violence and child abuse is handled and managed individually looking into every aspect of the child's life for an effective therapy and counseling. A consistent and stable therapy is the key to addressing this issue.

A safe and secured home, school and community environment provide protection and stability for children. It is essential for the development of a well-adapted child. Children are particularly susceptible to exposure towards traumatic events during early childhood as a critical period. Early attachment with caregivers plays a vital role in the holistic development of the child. It includes the environment and the people within that environment. However, in cases of violence and abuse, a child develops a sense of detachment from the primary caregiver. The absence of a nurturance creates a frightening experience that results from the physical and emotional abuse, rejection, or abandonment by an attachment figure. Children who are exposed to adverse, disruptive and unstable attachment are likely to develop impaired attachment types with their partners in adult life. This study was conducted over a fifteen-year period, that presents the understanding of the cycle of abuse and violence, its long-term impact suffered by abused children correlates with age at which abuse occurred and with the type and severity of abuse. Adverse childhood experience that is characterized by child maltreatment has enormous immediate and long-term repercussions. Beyond death, physical injury and disability, abuse and violence can lead to toxic stress that impairs the well-being from childhood to adulthood in all aspects of life. Names and identities of these children and their families are held in confidence to protect their interest [1-13].

### **Methodology**

Respondents were randomly selected voluntary disclosure and client's request for counselling. Age range of the respondents were between 16 to 24 years old. Both male and female and single. Subjects were repeatedly abused in their childhood. This Case Study used the right based approach and person to person approach as part to directly address the underlying condition. The study seeks to determine the main relationship between the child, the sexual abuse and the perpetrator. what are the typical or general responses of a Sexually Abused Child? Was the act perpetuated with coercion or manipulation? Was it perpetuated cumulatively over a period of considerable time? Difficulty in relating and forming relationships due to severe and unresolved emotional trauma and scarring? Were emotional issues addressed? What are the child coping mechanisms? Did the child receive any support from the Family? Is there any social support accessible to the child? And was there any unwanted pregnancy. Counselling as one of the therapies employed involved a thorough discussion of the child's problematic home environment and disruptive relationship with either or both of the parents or significant care provider. It is noted that issues and concerns are rooted on

- i. Role modelling of parents
- ii. The lack of parenting
- iii. The experience of a dysfunctional home environment

Respondents lengthily discussed their thoughts about the ideal parent and their frustration over the lack of support, affection and the lack of connection to either of the parent. Moreover, the respondents described fully disruptive relationships in the home. Subjects shared similar patterns of home environment. Guidance refers to helping subjects find meaning in the choices and decisions they make. Guidance is the process by which subjects explore and express their current concern by reviewing their options, finding equanimity before drawing their decisions. It is a long-term exercise for subjects to develop in the absence of proper parental support. Establishing boundaries helps subjects recover from violation and restores self-image. In a more General concept, Rights based on approach recognizes and affirms its welfare and well-being of every child as a human being. Abuse and violence is the wrong use of authority and power.

## Results

Children from families where domestic violence regularly occurs in the home environment tend to suffer from emotional violence if not physical abuse. Children reported spousal violence in their home environment where there is domestic violence. More than Fifty percent of child sexual offenders physically abused their adult female partner. Half of these males tend to physically abuse the partner's children. They also tend to sexually abuse children when the partner is not at home. It can be noted that there is a poor sense of self-image needing constant affirmation. Sexually abused children experience trust issues and needs consistent reassurance, the lack of healthy proper affectionate ← ← ← gestures render them vulnerable to abusive relationships. They also exhibit the lowered capacity to sustain non abusive relationships. Based on the data gathered there is a general tendency among victims of Abused children to experience difficulty in establishing intimacy in relationships and finding the sense for emotional connectivity are among the life skills that are either underdeveloped or must

be learned. The nature of therapy prioritizes restoring a healthy self-image. It focuses on a nondirective/authoritative, empathic approach that empowers and motivates the client within the therapeutic process. It encourages clients to get connected with their emotions, find meaning and guidance to make solutions based on their capacity to work out their issues.

## References

1. Shafe S, Hutchinson G (2014) Child Sexual Abuse and Continuous Influence of Cultural Practices: A Review. *West Indian Med J* 63(6): 634-637.
2. Kagan J (2010) *The Temperamental Thread: How genes, culture, time and luck make us who we are.* Dana Press, New York, USA.
3. Jean M Baker (1977) *The Cycle of Violence: Assertive, Aggressive, and Abusive Family Interaction.* By Suzanne K. Steinmetz. New York: Praeger Publishers. *Social Work* 23(4): 193.
4. G E Fryer Jr (1993) *Child Abuse and the Social Environment,* Westview Press, Inc, Boulder, CO 80301 ISBN 0-8133-1803-3,
5. Wolock I, Horowitz B (1984) Child maltreatment as a social problem: The neglect of neglect. *American Journal of Orthopsychiatry* 54(4): 530-543.
6. Brady S (2008) The impact of sexual abuse on sexual identity formation in gay men. *J Child Sex Abus* 17(3-4): 359-376.
7. Browning CR, Laumann EO (1997) Sexual contact between children and adults: A life course perspective. *American Sociological Review* 62(4): 540-560.
8. Brown J, Cohen P, Johnson J, Smailes EM (1999) Childhood abuse and neglect: Specificity of effects on adolescent and young adult depression and suicidality. *J Am Acad Child Adolesc Psychiatry* 38(12): 1490-1496.
9. Yacat Jay, S Rosales, Zenaida, M Rabanillo, Regina (2018) *Counseling Sexually Abused Children in the Philippines: A Survey of Practices, Beliefs and Activities.*
10. Walsh Kerryann M, Farrell Ann, Schweitzer Robert, Bridgstock Ruth S (2005) *Critical factors in teachers' detecting and reporting child abuse and neglect: Implications for practice.* Final report prepared for the Abused Child Trust.
11. D L Davis, R G Whitten (1987) *The Cross-Cultural Study of Human Sexuality.* *Annual Review of Anthropology* 16(1): 69-98.
12. E Staub (1989) *The Roots of Evil: The Origins of Genocide and other group Violence* Cambridge. Cambridge University Press, USA.
13. BC Acebes Escobal, MC Nerida, RA Chez (2002) Abuse of women and children in a Philippine community. *Int J Gynaecol Obstet* 76(2): 213-217.