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# Role Of Social Support In Mitigating The Effects Of Child Abuse: A Mixed Method Study

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## Abstract

This paper has main aim that First, to assess actually abused children's perceptions of teacher, peer, and family support; second, to determine whether the levels of perceived support differ according to the person's social role; and third to assess which sources of social support show stronger associations with modification in a physically abused child. A number of cross-sectional and a small number of longitudinal studies have shown a developmental relationship between child abuse and adult physical and mental health. Published findings also suggest that social support can lessen the risk of unhelpful outcomes for some abused children. However, few studies have investigated whether social support mediates the relationship between child abuse and adult physical and mental health. Structural equation modeling was used to examine data on these topics from a longitudinal study of more than 35 years. While a latent construct of physical and emotional child abuse did not forecast adult health outcomes directly, child abuse did predict outcomes indirectly through social support.

**Keywords:** child maltreatment, mental health, physical health, social support, relationship Protective factors, mitigating, abuse.

## Introduction

Supposed social support from teachers, families and peers was assessed in a sample of 40 physically abused children using a abridged version of the Survey of Children's Social Support. Child change was indexed by child and parent reports of child despair, anxiety, and anger. Analyses indicated that the children rated their families, peers, and teachers highly as sources of social support, with families being rated as the most significant source. Hierarchical multiple regression analyses indicated that perceived peer support was significantly negatively related to children's and parent's reports of children's hopelessness and anxiety. Furthermore, perceived family support was considerably negatively associated with child reported depression. No significant relationships were found between perceived teacher support and symptomatology. Overall, the results propose that peer and family support are particularly important for physically abused children's psychological functioning, mostly for internalizing problems. The negative impact of early trauma, particularly childhood maltreatment, on mental health is well documented. Although it is

silent that social support can act as a protective factor toward mental health for children who experience such adversity.

### **SOCIAL SUPPORT IN MITIGATING THE EFFECT OF CHILD ABUSE**

Social supports are particularly helpful in relation to certain types of stress, in this case, child abuse treatment. Social support is multidimensional experience that incorporates a range of interpersonal behaviors or type of social support that may help a person cope with stressful experiences. Noted that “direct assistance, advice, support, companionship, and expressions of affection all have been associated with positive outcomes for person’s various kinds of life stress and dilemmas”. These authors propose the “detection of optimal matching”, arguing that if one could decide whether exacting types of social support are more beneficial to outcomes, we could design improved social support-based interventions. Some experiential literature has provided support for this notion that the relationship between social support and stress varies by the type of social support noted that emotional support has generally been the type of support most directly linked to health. Self-esteem and appraisal support were found to buffer against the development of PTSD in sexually abused child, while tangible and belonging support had little influence on this outcome found that adult abuse survivors reported more emotional than involved support from the people most important to them, but they did not supply information on the impact of these types of carry on outcomes.

#### **Individual support**

Individual components of support are differentially associated with positive physical and mental health outcomes, eminent between uncontrollable and controllable stressors. Even though they did not openly include child abuse under uncontrollable stressors, they do include domination by crime and other pressure to physical safety under this category. Based on their model of responses to uncontrollable stressors, childhood mistreatment should require a high level of affecting social support to facilitate better functioning. Furthermore, given that the consequences of child abuse effect include lower levels of economic productivity and, thus, increased likelihood of scarce tangible resources, one would expect that tangible support would be important to replace missing resources and to lead to better outcomes. Similarly, given that maltreated children have lower levels of academic performance and self-esteem one would expect that higher levels of self-esteem support should be associated with increases in a person’s chance of better outcomes. Finally, it is also possible that the total amount of social support is a better determinant of outcomes than precise types of social support.

#### **Social Support**

Social support may also play a different role in the lives of abused and neglected children. For example noted that variations in social support are at least partly the result of cultural norms regarding tender appropriate behavior, suggesting that child have greater support resources than society and that support may play a greater role in well being. Found that social support buffered the impact of child maltreatment on depression, whereas did not find that the mediating role of social support on self-esteem and overall emotional adjustment differed by sex. Research on the role of social support in the lives of abuse children and the extent to which this hypothesized lack of social support lead to improved risk for psychopathology in maturity is relatively sparse and findings are conflicting. It is difficult to draw firm conclusions across these studies because of differences in the definitions and measures of social support, varying samples, designs, type of child abuse, and types of social support studied. Despite the fact that prospective longitudinal studies have been recommended. The present study outcomes many of these limitations by examining social support and its role in long-term outcomes in a group of persons with documented histories of child abuse and neglect and a matched control group followed up and assessed in middle childhood. Using a prospective cohort design, the current study seeks to:

- determine whether children with documented histories of abuse and/or neglect report lower levels of social support in middle adulthood relative to children without such histories;
- examine the effects of social support and types of social support on three types of psychopathology (anxiety, depression, and illicit drug use) in adulthood for maltreated children and matched controls;
- determine whether social support moderates the relationship between child abuse and/or neglect and anxiety, depression, and illicit drug use in adulthood: and
- determine whether there are sex differences and differences by type of social support in these associations.. There are four main hypotheses:

- Hypothesis -1

After accounting for age, race, and sex, maltreated children, compared to matched controls, will have lower levels of social support in middle adulthood.

- Hypothesis- 2

Social support will mediate the association between child maltreatment and anxiety, depression, and illicit drug use in middle adulthood.

- Hypothesis -3

Social support will rational the relationship between child abuse and psychopathology in middle adulthood, such that abused individuals with higher levels of social support will be less likely to manifest psychopathology in adulthood.

### **Types of abused Child treatment includes both abused and neglected**

#### **Psychological Treatment**

Abuse entails actions that are done to a child, whereas neglect entails what a person fails to do for a child. Abusive actions include physical abuse, sexual abuse, and psychological maltreatment. Examples of physical abuse are hitting, burning, slapping, and kicking. Child sexual abuse includes rape, sexual assault, molestation, prostitution, or sexual utilization of a child. When one involves children in sexually explicit behavior or simulation that produces a visual depiction of such behavior it is also considered child sexual abuse. Child neglect occurs when parents or caregivers do not provide the child's basic needs. As with physical abuse, child neglect can take several forms. Physical child neglect occurs when parents or caregivers fail to provide necessary food or shelter or provide appropriate supervision. Medical child neglect is a failure to provide necessary medical or mental health treatment. Educational child neglect is a failure to educate a child or attend to special educational needs. Finally, emotional child neglect is failure to provide psychological care to meet the child's emotional needs or allowing the child to use alcohol or other drug.

#### **Extent of Child abuse treatment Official statistics**

Child maltreatment is hard to detect, which makes the true extent of it complicated to know. Many times, the child is too young to verbalize what is happening to them. Also, if the parent or other family members are the perpetrator, the abuse is unlikely to be reported. The fear of getting a parent in trouble can deter the child from words up about the abuse. Since child maltreatment usually occurs between family members, it is less likely that other people will report to the authorities. Despite the issues with reporting, all states in the U.S. have some form of mandatory reporting law for suspected cases of child maltreatment. These laws require that certain individuals report to authorities if they suspect a child is a victim of maltreatment. Individuals who work with children like teachers, day-care workers, mental health care providers, and social workers are typically mandatory reporters. Most of the information regarding the extent of child maltreatment, therefore, comes from official data sources that reflect these reports.

## **Negative impact of treatment**

The NCANDS, the NIS collects data from Child Protective Services, but cases on other children who were not reported to child protective agencies or were screened out of child protective agencies are also included. To be included in the data this way, children are identified as maltreatment victims by community professionals, referred to as sentinels. According to the NIS-4, more than 1.25 million children experienced maltreatment that resulted in harm during 2005-2006. When using a less restrictive definition that includes children who were not yet harmed but at risk of harm due to maltreatment, NIS-4 estimates show that 1 in 25 children (nearly 3.5 million) children experienced maltreatment or were at risk for maltreatment during the study period. More than 78% of these children were neglected and 30% were abused.

## **Social and family support report findings in this study:-**

- In the review of research, resolute that abused children not only appear more prone to drug and alcohol abuse and the consequences that follow, they also experience poorer relationships and less social support, which can promote health problems and worsen conditions among those who are ill. In this regard, low levels of support increase an individual's vulnerability to illness by removing protective buffers related to positive coping relations formed with others can bolster an individual's determination to overcome an illness and also give rise to better and more informed decision making about health care services. As noted in other sources, social support is predominantly a reflection of how well and deeply connected an individual is to family and friends, and possibly child welfare and mental health professionals who remain involved with families over an extended periods. For young people, teachers and other adults in schools can also be important sources of social support, particularly when parents are unavailable or conflict weakens bonds between parents and children or among siblings.
- In one study, found that social support from family and friends moderated the association between childhood sexual abuse and perceptions of loss extending from abuse, such that those with more support knowledgeable less loss. The significance of this finding is that perceived higher levels of support was associated with less helplessness and fewer feelings of despair emotions related to depression that can lead in time to poor coping, and ultimately to health declines . In another study relevant to the topic, showed that older adults with less social support were at significantly higher risk of dying within a 6-month period following hospitalization for cardiovascular disease than were those with more sources of support. found a similar pattern in socially isolated adults with coronary artery disease. Further, in a

study of patients selected from cancer registries found that perceptions of stronger emotional support lessened mortality risk among individuals with certain forms of cancer.

- As a theoretical construct, social support describes a configuration of social and relational patterns that are hypothesized to stabilize, lessen stress, and promote positive coping . In statistical models, social support variables can be main effect predictors or moderators or mediators of risk. A moderator is a variable that changes the association between a risk factor and an outcome , whereas a mediator accounts in part or full for the association between a risk factor and an outcome
- Notably, in studies of adult health, analyses of social support are mostly descriptive; that is, they typically describe the amount and quality of social support adults receive in relation to their health status but they do not test for moderation, mediation, or predictive relationships .An exception is a study by which examined social support variables in multivariate models. also examined several indicators of social support in a structural test of four pathways linking child abuse to adult health. However, data in the study by were drawn from a clinical population in which the outcome is more common than in community samples. The study by used showing reports of child abuse and examined a relatively narrow constellation of social support indicators.
- An important contributor to social support is environmental stability. Caregiver and residence changes, and disruptions in schooling, all common among abused children, can lessen opportunities to form relationships and bond to significant others In this regard, more transitions are assumed to weaken social support and increase risk for poor functioning, whereas fewer transitions are expected to lessen risk and improve functioning As one example, a study of abused children found that the frequency of residential moves and caregiver changes predicted a significantly higher risk of drug and alcohol use in adolescence.
- Attending to the complex relationship between the social environment and individual vulnerabilities caused by child abuse and other adversities, the Centers for Disease Control and Prevention (CDC) developed a research-to-practice framework called Essentials for Childhood. This framework emphasizes the role of social support in the form of safe, stable, and nurturing relationships and environments. Although the framework is based on promising research, more studies are needed to establish how social support in the form of SSNRs buffers and helps explain adult health. The objective of the current investigation is therefore to explore whether SSNRs,

characterized by warm and nurturing relationships, emotional and instrumental supports, and environmental stability, moderate or mediate the effect of physical, emotional, and sexual child abuse on adult physical and mental health.

## **Conclusion**

As demonstrated by this review, there is a large body of confirmation that shows the link between experiencing child maltreatment and depression symptoms both in the same developmental time stage and later in life. No matter when these issues manifest, it is clear that exposure to child maltreatment can leave lasting psychological scars. Therefore, it is important to understand the link between depression symptoms and child maltreatment. The relationship, however, between child maltreatment and subsequent depression symptoms is complex. Most studies in this area are co relational. It cannot necessarily be assumed that maltreatment is a direct cause of depression. Child maltreatment many times occurs in conjunction with other problems in the family or in the environment, including drug and alcohol use by family members, parental mental health issues, exposure to marital violence, and low socio-economic status. In addition, research shows that while those exposed to child abuse are at an increased risk of developing psychiatric and adjustment difficulties, not all individuals exposed to abuse will develop these outcomes .

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