

Effects of Childhood Abuse on Mental Health: Evidence from the Public University Students in Bangladesh

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Abstract:

Childhood abuse is an untold story for many of our adolescents. The objective of this study is to explore the long-term effects of childhood abuse on mental health among university students. A qualitative approach was employed for this study, and 12 cases were studied. Data were collected through face-to-face interviews. A thematic approach was employed for data analysis. One of the significant findings is that the participants were mostly abused by their relatives or individuals close to them. In terms of the impact, the findings of this study show that childhood abuse has a profound effect on the victims' mental health. They (victims) suffer from multiple mental health issues because of their childhood abuse. The major themes that came out of the thematic analysis are constant fear, lack of confidence, suicidal tendencies, behavioural disorders, social isolation, and lack of concentration. The findings also imply that the victims carry the trauma throughout their whole lives and suffer from post-traumatic stress disorder. This study emphasizes the need for comprehensive policies to address the lasting mental health effects of childhood abuse through stronger child protection laws, trauma-informed education, expanded mental health services, and early screening. Including survivor voices in policy-making and raising public awareness are crucial for building effective, compassionate, and stigma-free support systems.

Keywords: *childhood, abuse, mental health, impact*

1. Introduction

Children are the future of every nation. According to UNICEF (2023), about 56.9 million people (33% of the total population of Bangladesh) are children aged 0-17 years. So, for the ultimate development of our country, child development, protection, and welfare are necessary. In Bangladesh, like many other developing countries, children face different problems. Childhood abuse is one of them. Childhood abuse is now a buzzword. It is now a primary concern for

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Bangladesh and the world. Every day in newspapers and the media, we hear the news of child abuse. We are living in a modern era. But still, child abuse is on the rise. Children are the future of a nation. But this segment is being affected by such abusive conduct.

According to the World Health Organization, globally, 25–50% of all children experience physical abuse, with 20% of girls and 5–10% of boys subjected to sexual abuse (UBS Optimus Foundation, 2012, as cited in Haque et al., 2019). The prevalence and severity of violence against children, regardless of age, gender, or socioeconomic status, have been steadily increasing. Globally, it is estimated that up to 1 billion children aged 2-17 years have experienced physical, sexual, or emotional violence or neglect in the past year (World Health Organization [WHO], 2020). According to a UN report, an estimated 41–88 million children in South Asia witness violence at home, making the region home to the highest figures in this category worldwide (Pinheiro, 2006). A study found that 75.5% of school-going children in Kerala, India, experienced physical abuse in the previous year, while 78.5% reported experiencing it at some point in their lifetime (Kumar et al., 2017). The prevalence of child abuse is alarmingly high in Bangladesh as well. A study shows that the rates of experiencing at least one form, two forms, and three or more forms of child physical abuse during their lifetime were approximately 99%, 95%, and 83%, respectively (Haque et al., 2019).

Despite the goal set by Sustainable Development Goal 16.2 to end abuse, exploitation, trafficking, and all forms of violence against children by 2030, progress is lagging. Recent data from the leading human rights organization Ain o Salish Kendra (ASK, 2021) indicates that incidents of child abuse reached unprecedented levels during the pandemic, surpassing previous records. Childhood abuse has profound and enduring effects on victims, impacting their emotional development and mental health well into adulthood. Adverse effects on emotion regulation may persist into adolescence or adulthood due to childhood abuse (Messman-Moore et al., 2010). Moreover, childhood abuse is associated with a higher risk of developing depressive disorders and is linked to later suicide attempts and risky sexual behaviour (Norman et al., 2012).

Bangladesh Shishu Adhikar Forum (BSAF, 2021) published that the rate of child abuse increased due to the COVID-19 lockdown. From January 1 to June 30, 2020, at least 1,387 children in Bangladesh were subjected to various forms of violence and abuse. The organization documented 552 unnatural child deaths, 122 murders, 365 cases of sexual abuse, 112 children kidnapped or missing, 94 victims of violence, 97 cases of accidents, and 45 victims of early child marriage. “The country is going through a tough time due to the increasing spread of coronavirus. But even this terrible crisis could not stop child abuse. The notable increase in the number of child abuse cases at this time is an alarming matter”, said BSAF (2021).

Those who are victims of abuse during childhood may have physical, mental, or other emotional problems. They also have socialization problems, problems in brain development, maladjustment, learning disorders, phobias, disbelief, lower confidence, and so on. There may be a profound impact of child abuse. Sometimes child abuse causes behavioural disorders, anxiety, post-traumatic stress, and depression disorders too. As a result, young individuals who have experienced abuse during childhood may face long-term mental and emotional challenges. So, it is crucial to address this problem. Therefore, this study aims to explore the enduring effects of childhood abuse on the mental health of university students.

2. Conceptual Framework

According to the World Health Organization (WHO, 2020), child abuse and maltreatment encompass all forms of physical and/or emotional ill-treatment, sexual abuse, neglect, or negligent treatment, as well as commercial or other exploitation, resulting in actual or potential harm to the child's health, survival, development, or dignity within the context of a relationship of responsibility, trust, or power. Per the Centre for Disease Control and Prevention (CDC), the term 'child maltreatment' encompasses both acts of commission (abuse) and acts of omission (neglect). Abuse refers to behaviours or actions, such as words or physical acts, that cause harm, risk of harm, or a threat of harm to a child. Neglect involves failing to meet a child's essential physical, emotional, or educational needs or to shield them from harm or potential harm (Leeb et al., 2008). In this study, we used child abuse and childhood abuse interchangeably. As Horwitz et al. (2001) studied, childhood abuse has a lifetime effect on mental health. The respondents who were abused and neglected as children have a higher rate of antisocial personality disorder than adults. Children who were maltreated earlier in life are at greater risk for poor psychological functioning in adulthood. Individuals with physical and sexual abuse and neglect during childhood have symptoms of anxiety, depression, and behavioural problems in adulthood (Kaplow & Widom, 2007). Child maltreatment has a long-term impact on emotion-processing abilities in adulthood. Potential mediators (IQ, Post-traumatic Stress, Generalised Anxiety, Dysthymia, and Major Depressive Disorders and psychopathy) were assessed, and after the examination of those mediators, the findings show a long-term severe impact of childhood abuse and neglect on emotion processing in middle adulthood (Young & Widom, 2014) Child sexual abuse victims have a lifetime history of various traumas and higher levels of mental health symptoms and psychological disease in adulthood (Banyard et al., 2001).

3. Objectives and Methodology

The objective of this paper is to explore the effects of childhood abuse. A qualitative methodology was utilized to enable the researcher to delve into the multifaceted aspects of individuals' lives and to explore more promising avenues for understanding the impact of childhood abuse on victims' mental health. The case study method was employed, and 12 cases were studied from four public universities- Jagannath University, Dhaka University, Rajshahi University, and Bangabandhu Sheikh Mujibur Rahman Science and Technology University, Gopalganj. Among the 12 cases, 10 were female, and only two were male. The snowball sampling technique was applied to select the study participants. Because it was tough to find who was the victim of abuse during their childhood. The first participant was identified with the assistance of social networks, where the first author sought help from friends and acquaintances; thereafter, the first participant and the subsequent ones assisted in finding others. Few male students were found to have experienced child abuse, which is the primary reason for the uneven ratio between the sexes.

The fieldwork took place in the above four universities from April to June 2021. An interview guideline was developed and piloted before actual data collection. Data was collected through

face-to-face, in-depth interviews. Face-to-face interviews also helped us to observe the behaviour of the interviewee. We took field notes where necessary. Interviews were conducted in Bengali. The typical length of an interview session was 30 minutes. The interview was recorded on a cell phone with the participants' prior consent. The audio-recorded interviews were subsequently transcribed and translated into English. Data collection and analysis were conducted simultaneously to ensure data saturation. A constant comparative method was employed throughout the data collection process, systematically comparing newly collected data with existing data to identify emerging patterns and themes. After the 10th interview, it became evident that subsequent data no longer provided new insights or variations, and the recurring themes were consistently reinforced. However, to ensure rigour, data collection continued until the 12th interview, which confirmed the absence of new information. This thorough analysis concluded that data saturation had been reached, as no further significant insights emerged from additional interviews.

The data was analyzed using a thematic analysis approach (Ezzy, 2002). Transcripts were read through and coded. Codes that were frequently mentioned were condensed into broader conceptual categories. These categories were then refined to form the major themes of the study.

This research adhered to strict ethical guidelines to ensure the protection and dignity of participants, including obtaining informed consent, maintaining confidentiality, and respecting their right to withdraw at any stage. Given the sensitivity of the research in Bangladesh, interviews were conducted in private and isolated locations to ensure confidentiality and prevent any external exposure. Participants were assured that their data would remain confidential, and no identifiable information, such as names, phone numbers, or national ID numbers, was collected. They were also informed of their right to withdraw from the interview and skip any questions they did not wish to answer.

4. Findings

As shown in Table 1, the present age of the respondents is 19 to 23 years, where the mean age is 21.75, and the age of the victims during victimization was 8 to 14 years, where the mean age was only 11.10 years. All 12 cases were students with bachelor's degrees. As the table shows, it is a devastating fact that many of the perpetrators of the abusive incident were the family members or close persons of the victims. In cases 2, 6, 7, 8, 9, and 11, the perpetrators were parents, cousins, or other family members. The other main offenders are private tutors or sports coaches (in cases of 4, 10, and 12). Even the house caretaker (as in case 1) engages in this abusive incident. In search of the place where the young girls were victimized, it was found that in most cases, the victims' own homes were the place of abuse (for 8 cases out of 12). In-laws' and cousins' houses (in 2 cases) also remain in a similar category.

On the other hand, educational institutions like schools and madrasas are also found to be places of victimization. It shows that abusive behaviour towards children is automatically incorporated into their everyday livelihood and with their close persons, whom they traditionally and socially depend on for their life and development. They are not safe even in their homes and schools.

Table 1: Participants' Profile

<i>Sl. No.</i>	<i>Pseudo name</i>	<i>Present age</i>	<i>Age of victimization</i>	<i>Level of education</i>	<i>Perpetrators of the abusive incidence</i>	<i>Place where they were abused</i>
1	Tania	23	13	Bachelor	Caretaker of house	Own home
2	Ishrat	24	11	Masters	Parents, brother's friend	Own home
3	Rita	24	10	Masters	Cousin	Cousin's house
4	Maisa	21	11	Bachelor	Private tutor	Own home
5	Riyadh	20	8	Bachelor	Teacher	<i>Madrasha</i> (Islamic school)
6	Mohona	21	13	Bachelor	In-law's family members & husband	In-law's house
7	Salma	23	10	Bachelor	Parents	Own home
8	Sohib	21	11	Bachelor	Parents and family members	Own home
9	Rukaiya	19	14	Bachelor	Cousin	Own home
10	Sharmin	23	13	Bachelor	Sports coach	Educational institution
11	Suma	20	10	Bachelor	Close relative & cousin	Own home
12	Ripa	22	9	Bachelor	Private tutor	Own home

Source: Field Study, 2021

4.1 Major themes

Childhood abuse has a long-term impact on mental health. It affects a child's psychological and mental health development. Following the analysis, six major themes were identified. These are constant fear, lack of confidence, suicide ideation, behavioural disorder, social isolation, and concentration problems. These themes have been presented in this section using verbatim quotes to illustrate the theme. The themes are not displayed in any order of significance.

4.1.1 Constant fear

One of the primary mental health issues reported by the participants was fear. Their fear started just after the events and has continued to date. Because of this unwanted situation, they feared mixing with anyone around them. Especially those who were sexually abused, a phobia of adult male members grows in them. They felt unsafe and helpless. Fear prevented them from sharing their feelings with their parents or those close to them. The respondents who experienced excessive punishment in their families never left their homes because of fear. One of the participants reported,

I was frightened, extremely frightened, after I was sexually abused. Facing the perpetrator was most frightening for me. It seems that I was watching the face of the caretaker everywhere. It was like a hallucination to me. I became afraid of going to school because of the fear of that person, as he stayed in front of our gate. I couldn't even share it with my parents.

When the participant described her body as shivering, her hands were clenched and opened alternately, clearly indicating fear, wrath, and nervousness. Another participant stated her state of fear in the following way,

The incident made me fear the Arabic teacher. I thought all the teachers like him were terrible. I am frightened of people with beards, caps, and panjabis like him. It has been a long time, but I still fear people wearing this dress.

The participant stated with hate and wrath. Her trust was shattered, and she started seeing people wearing that dress with fear and doubt. Other kinds of childhood also produce such fear, which they carry for a long time. Another participant, a victim of physical torture, depicted his experience in the following way,

I stayed in the residence of my educational institution. I had seen and experienced the cruel punishments of educational institutions, so I was afraid of this punishment. Besides, there was pressure on my family to study. My father used to beat me. So, due to the fear in my house and educational institutions, I fled and didn't want to go home. I stayed in a shop for two days and worked there as a helper.

Thus, it shows that different kinds of childhood abuse may end up in the same reaction, which the victims continue to experience for an extended period of their lives.

4.1.2 Lack of confidence

Another long-term mental health effect reported by the victims of childhood abuse is lower self-confidence. The respondents mentioned that after experiencing abusive behaviour, they lost hope and were mentally unstable. They didn't get the confidence to do any activities or interact with friends. Some respondents' parents and guardians used to compare their children with others and were always forced to do their work. Thus, physical, sexual, and psychological abuse and all types of maltreatment demotivated them a lot. From early childhood to adulthood, they are less confident because of abusive behaviour during childhood. One of the participants reported,

I was divorced at a very early age. After the divorce, I thought that I had nothing to do and that I had lost everything. I have always been upset due to this incident. I lost all hope of overcoming the obstacles and lost confidence.

Divorce in Bangladeshi society is a huge stigma that could also traumatize a person, let alone a child. This participant experienced the same thing. However, it is also worth mentioning that this participant also went through enormous mental and physical torture before the divorce. Mental abuse in one's childhood also has a significant impact on their mental health. As one participant stated,

I was always compared to another child. My family members would rebuke me for my silly mistakes. They never appreciated me. My experience gave me a sense that whatever I would do was wrong. So, I developed an inferiority complex. Because of my lack of confidence, I couldn't participate in any extracurricular activities at my school. Still, I can't talk confidently in front of unknown people.

4.1.3 Suicide ideation

When I asked my respondents about the long-term mental health effects of child abuse, they said that long-term depression and mental stress cause severe psychological disorders. Then feelings of self-harm, self-hate, anxiety, and an inferiority complex grow in them. They always feel like they are valueless and have lost everything. They feel like they are unnecessary, and life is meaningless to them. Such feelings lead them to suicidal ideation. Many of the participants reported that they attempted suicide at some point in time, and some of them are suicide prone to suicide. As one participant stated,

The mental trauma that I have been bearing for a long time makes me feel like life is meaningless. I don't find joy daily; I feel frustrated with everything. I remain gloomy most of the time. What is the meaning of bearing such a life?

Their adverse childhood experience makes them feel life is meaningless. They don't find joy in their everyday life. One of the reasons for such a feeling is that the trauma of childhood experience is very daunting. As one of the participants described his experience,

I always try to forget my childhood trauma, but I can't forget it. I don't know why; it daunts me so much. I attempted suicide; I still have suicidal thoughts. If a bit of misunderstanding occurs with someone, I think I will not live anymore.

4.1.4 Social isolation

After the incident (physical and sexual abuse and neglect), most of the respondents isolated themselves from others. They couldn't understand what to do or with whom to share it. It affected them seriously. Immediately, they stopped going outside, mixing, and playing with peer groups. They wanted to stay alone. The relatives took the sexually abused children negatively. They had to face a social stigma. Thus, they became isolated from their surroundings. They faced this situation for a long time and still couldn't interact with all the people correctly. Some respondents mentioned being isolated from their family members because of excessive study pressure and imposed decisions on them. One respondent described,

After experiencing sexual abuse, I was seriously afraid. I used to stay alone. I didn't want to go outside and always stayed at my house. My parents had to wait outside as they both were service holders. Thus, I couldn't share it with anyone. I cried a lot, and I was isolated from everyone. I stopped mixing with other peer groups. Gradually, I became isolated.

Another participant explained how their parents' divorce traumatized them and how this traumatic experience shaped their mental health. She narrated,

I experienced my parents' divorce at the age of 8. It was a great shock to me and my sister. Our whole world fell apart. People around us started to look at us like we were aliens. Some showed sympathy, while others mocked us. It was significantly hurting. We stopped mixing with other children and continued to do so.

4.1.5 Behavioural disorder

A very common problem with childhood abuse victims is a behavioural disorder. Several factors combined to cause such a disorder. Fear and lack of confidence are the two main reasons reported

behind such a disorder. These two factors make them nervous while interacting with people, and they fail to exhibit appropriate behaviour in social settings.

One respondent shared that,

My childhood abuse made me isolated, and I did not experience much interaction with people. I didn't even interact much with my family members. Moreover, I feel fear of everything. So, I hesitate to talk to people and often fail to interact with people properly.

Social interaction is a learned behaviour that people learn through interacting with others. As victims of childhood abuse live an isolated life, they hardly learn social interaction. Their fear and lack of confidence further bar their easy and smooth interaction with other people. Sometimes, trauma shapes their mentality differently. As one of the respondents described,

I had gone through sexual abuse for some years, which I couldn't avoid. It traumatized me. So, I became very rude and aggressive. I cannot behave well with anyone. I become angry for trivial reasons.

4.1.6 Concentration problem

Many of the victims develop post-traumatic stress disorder and are daunted by it. They constantly remember the incidents they went through and fail to concentrate on anything. Most participants reported this problem, which significantly limits their daily activities. They usually fail to do a task smoothly. Such failure further frustrates them, and the cycle of frustration continues. One of the respondents stated,

After being sexually abused, I became traumatized and started to fail to concentrate on my regular tasks. The incident I experienced often comes to my mind, making me feel frustrated. I lost my attention to my work and returned to the incident I faced. I became less productive as I failed to concentrate on my job adequately.

Most of them reported that they had suddenly lost and forgotten their job. They revisit the incident, feel fatigued and frustrated, and experience a lack of concentration. Another one described,

After a relative had sexually abused me, I couldn't concentrate on my studies well, and it created mental stress. So, I didn't do well in the SSC examination. I have been suffering from the problem till now. In the middle of something that comes to mind, I lose myself and start remembering the incident repeatedly.

5. Discussion

This study aimed to explore the enduring impact of childhood abuse on the mental well-being of survivors. Through an in-depth examination involving 12 respondents, the research sought to gain insights into the experiences of university students who had endured childhood abuse. One of the significant findings of the study highlighted that, in many instances, the perpetrators of abuse were close relatives or family members. It was observed that respondents had experienced abuse inflicted by family members, cousins, private tutors, teachers, Arabic instructors, close relatives, siblings, and even neighbours.

Kendall-Tackett et al. (1993) found similar findings in the context of the USA; most of the perpetrators are close relatives of the victims. Similarly, the findings by Kumar et al. (2017) also corroborated the findings in India, indicating that half of the sexual offenders were known to the

survivors and often someone they trusted. These findings closely parallel those of my current study. However, their study did not specifically identify the perpetrator, as this study has discovered (family members, cousins, private tutors, teachers, Arabic instructors, close relatives, siblings, and even neighbours). They merely stated that the perpetrators were close relatives of the victims.

In this study, respondents reported experiencing abusive behaviour in various locations, including their own homes, relatives' houses, in-laws' houses, educational institutions, and playgrounds, indicating that they were victimized in familiar environments. Similar findings were observed in a study conducted in Nigeria by Umobong (2010), which revealed that instances of abuse were prevalent in homes, schools, and society, particularly in familiar settings, significantly impacting the normal and healthy development of children. Umobong (2010) also noted that children were subjected to physical punishment for minor infractions such as arriving late to school or failing to complete homework.

Regarding the long-term effect of childhood abuse on the mental health of the victims, this study found that victims of childhood abuse often grappled with long-term repercussions such as fear, diminished self-confidence, suicide ideation, behavioural disturbances, social isolation, and difficulties in concentration. These mental issues have continued to affect the victim's life negatively.

This finding is supported by Briere and Elliott (1994), who synthesized various studies documenting immediate effects such as chronic self-perceptions of helplessness, hopelessness, impaired trust, self-blame, and low self-esteem in abused children. Severe child maltreatment, including early and sustained sexual abuse, may hinder the development of a child's sense of self. Behavioural problems and aggressiveness toward others are frequently observed as short-term effects of child abuse (Briere & Elliott, 1994). Additionally, abused children often withdraw from social interactions, leading to isolation. While these studies did not explicitly mention sleeping and eating disorders, constant fear, and concentration problems, most respondents in my study reported experiencing these immediate or short-term health effects.

Regarding long-term effects, the findings of this study align with those of Beitchman et al. (1991), who found that depression and suicidal ideation or behavioural disorders were common among abused victims. Finkelhor et al. (2009) observed that children exposed to various forms of abuse tended to exhibit more severe trauma symptoms and behavioural problems, both in the current year and over their lifetime. Higgins and McCabe (2001) addressed adjustment problems associated with childhood abuse, noting that affected children are more likely to be socially avoidant and experience attachment difficulties, making it challenging for them to form peer and partner relationships (Margolin et al., 2000).

6. Conclusions and Recommendations

The primary purpose of the study was to explore the long-term impact of childhood abuse on mental health. The study reveals that children are subjected to abuse by individuals close to them in environments where they should feel safe and protected, including places where both they and their parents trust. The findings of the study show that the victims of childhood abuse continue to face the long-term effects of the incidents they experienced. Through the thematic analysis, six

themes have emerged. These are constant fear, lack of confidence, suicidal ideation, behavioural disorder, social isolation, and concentration problems. These mental issues that the victims carry have a profound impact on their daily lives. These issues harm them in different ways, making their daily life difficult. Identifying abuse is challenging, underscoring the need for awareness and belief in children's disclosures. This study underscores the need for comprehensive policies and practices to address the lasting mental health effects of childhood abuse. Implementing these key recommendations, including strengthening child protection laws, enforcing mandatory reporting, and ensuring strict action against abusers in trusted roles, will bring about a positive change. Educational institutions should adopt trauma-informed practices, provide accessible counseling, and establish safe reporting channels. Public awareness and parenting programs are crucial for reducing stigma and preventing abuse, offering hope for a better future. Expanding specialized mental health services and introducing early screening in schools and healthcare settings can support early intervention. Including survivor perspectives in policy-making is vital for effective, empathetic responses. This qualitative study, with a small sample size and a snowball sampling method, limits the generalizability of its findings. Future research could adopt quantitative and longitudinal designs to provide deeper insights into the long-term impacts of childhood abuse. Additionally, further studies should explore protective factors to inform the development of more effective prevention and intervention programmes. The current study did not examine the roles of family, social networks, or gender differences, suggesting that future research could address these areas using mixed-methods approaches.

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