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RESEARCH ARTICLE

ADVERSE CHILDHOOD WHERED EXPERIENCES AMONG ADULT POPULATION OF BENGALURU CITY

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ABSTRACT

Objectives: Adverse childhood experiences (ACEs) affects people's health and wellbeing. Majority of studies on ACEs are carried out in western part of the world and very few studies have estimated the prevalence of various forms of childhood abuse in India. Thus, the aim of this study was to assess the prevalence of Adverse Childhood Experiences among Adult Population of Bengaluru City.

Study Design: A cross sectional descriptive survey using modified version of ACE International Questionnaire (ACE IQ) was carried out to estimate the prevalence of various forms of childhood maltreatment.

Methods: Total samples of 2020 adults between 18-35 years of age were interviewed from various zones of Bengaluru City using stratified random sampling technique. The data collected was subjected to statistical analysis.

Results: The results highlighted that 41% of the subjects have undergone physical neglect, 84% reported to have experienced emotional and physical abuse and 40% of the subjects had experienced sexual abuse in childhood, which was equally distributed irrespective of gender and socio economic status.

Conclusion: The prevalence rate of physical and emotional abuse and neglect was higher in our study followed by child sexual abuse and all forms of ACE showed equal distribution between both the genders and among various socioeconomic groups of the population studied. It indicates that every individual is vulnerable and not all wounds heal with time. Dental Professionals as primary health care providers should step up and help protect our people, whether they're young or old. Pediatric Dentists can use their position as trusted resources for children to identify children at risk, increasing the chance that these adverse situations might be identified early enough to be remediated.

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INTRODUCTION

When children are young, their world revolves around their parents or primary care-givers that are the primary source of safety, security, love, understanding and support (Zeanah et al., 2017) but for some it's just a dream. Child abuse violates the trust at the core of a child's relationship with the world. This negative schema often affects an individual's capacity to establish and sustain significant attachments throughout life (Coates, 2010). Adverse Childhood Experiences (ACEs) are an increasing international concern. There is a growing body of evidence that our experiences during childhood can affect both physical and psychological health of an individual throughout the life (Dvir et al., 2014; Harper et al., 2008; Shonkoff, 2012).

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Such a cycle of childhood adversity can lock successive generations of families into poor health and anti-social behavior for life (Smith, 2004). This paper explores the nature and prevalence of adverse childhood experiences in Bengaluru City as there is a scarcity of studies and research concerning adverse childhood experiences.

METHODS

An epidemiological survey was carried out to estimate the prevalence of multiple forms of childhood abuse experienced by the study population in their first eighteen years of life. ACE International Questionnaire (ACE-IQ) (ACE-IQ, 2014) was intended to measure ACEs. A retrospective pretest Questionnaire was designed and modified in consultation with the research experts in this field and was also translated to local dialect (Kannada) for better understanding of those participants who were not proficient with English language.

The study was approved by the ethical committee of A.E.C.S Maaruti College of Dental Sciences and Research Centre and the protocol for the research included that the participant complete the questionnaire which comprises of three sections. Section 1 consisted of Informed consent form, Section 2- socio-demographic characteristics and Section 3 included modified version of Adverse Childhood Experiences (ACE) International questionnaire. The third section was further divided into four parts with each part consisting 4 questions which measured the dimensions of physical neglect, emotional abuse and neglect, physical abuse and sexual abuse respectively. Respondent's answers are limited to answering each item of the questionnaire either by YES or NO and only the completed questionnaires were subjected to statistical analysis using chi-square test and results were expressed as numbers and percentage.

RESULTS

The results of the present study showed that there was a high prevalence rate observed with emotional abuse and physical abuse (84%), followed by physical neglect and child sexual abuse (41%) experienced among the subjects during their first eighteen years of life (Table 1).

Table 1. Combined table showing different magnitude of abuse experienced by subjects

Type of Abuse	Number of Cases	Percentage
Physical neglect		
Never Abused	1192	59%
Abused	828	41%
Emotional abuse and neglect		
Never Abused	315	16%
Abused	1705	84%
Physical Abuse		
Never Abused	315	16%
Abused	1705	84%
Sexual Abuse		
Never Abused	1196	59%
Abused	824	41%

Table 2. Showing association of cumulative scores of Physical neglect, Emotional abuse and neglect, Physical Abuse and Sexual abuse with Gender

	Never abused	Abused	Total
<i>Physical Neglect</i>			
Male	587 (59%)	403 (41%)	990
Female	605 (59%)	425 (41%)	1030
Total	1192	828	2020
<i>Emotional Abuse and neglect</i>			
Male	157 (16%)	833 (84%)	990
Female	158 (15%)	872 (85%)	1030
Total	315	1705	2020
<i>Physical Abuse</i>			
Male	157 (16%)	833 (84%)	990
Female	158 (15%)	872 (85%)	1030
Total	315	1705	2020
<i>Sexual Abuse</i>			
Male	591 (60%)	399 (40%)	990
Female	605 (59%)	425(41%)	1030
Total	1196	824	2020

The study subjects were categorized according to gender and different socioeconomic groups and it was observed that ACE was almost equally distributed in both the genders and various socio-economic status of the population studied (Table 2, 3).

Table 3. Showing association of cumulative scores of Physical neglect, Emotional abuse and neglect, Physical Abuse and Sexual abuse with SES

	Never abused	Abused	Total
<i>Physical Neglect</i>			
Upper Class	138 (57%)	105 (43%)	243
Upper Middle	376 (61%)	240 (39%)	616
Lower Middle	280 (58%)	203 (42%)	483
Upper Lower	285 (59%)	195 (41%)	480
Lower Class	113 (57%)	85 (43%)	198
Total	1192	828	2020
<i>Emotional Abuse and neglect</i>			
Upper Class	38 (16%)	205 (84%)	243
Upper Middle	98 (16%)	518 (84%)	616
Lower Middle	66 (14%)	417 (86%)	483
Upper Lower	77 (16%)	403 (84%)	480
Lower Class	36 (18%)	162 (82%)	193
Total	315	1705	2020
<i>Physical Abuse</i>			
Upper Class	40 (16%)	205 (84%)	245
Upper Middle	98 (16%)	518 (84%)	616
Lower Middle	74 (15%)	406(85%)	480
Upper Lower	73 (15%)	405 (85%)	478
Lower Class	30 (15%)	171(85%)	201
Total	315	1705	2020
<i>Sexual Abuse</i>			
Upper Class	136 (56%)	107(44%)	243
Upper Middle	379 (62%)	237 (38%)	616
Lower Middle	289 (60%)	194(40%)	483
Upper Lower	276 (58%)	204 (42%)	480
Lower Class	116 (59%)	82 (41%)	198
Total	1196	824	2020

DISCUSSION

A stable and nurturing childhood is essential for the healthy psycho-emotional and spiritual development of a human being and Adverse childhood experiences (ACEs) corresponds to source of stress with health-related risk factors that people may suffer early in life. They are recognized as a public health problem, which can affect children's health and wellbeing not only at the time it is experienced, but also later in life (Giovannelli *et al.*, 2016). The global prevalence of self-reported child physical neglect was estimated to be 16.3%.⁹ Contrary to this, studies carried out in Nigeria have reported a very high prevalence of 74% of physical neglect in childhood and adolescence when young adults were interviewed (Oladeji *et al.*, 2010).

The reasons elaborated to this high prevalence of physical neglect is often related to parental substance abuse, parental mental health problems, domestic violence, unemployment seen in the families which was not observed in our study. Physical Neglect is often thought to be solely a function of poverty. However, while poverty certainly accounts for some neglect, it is neither fair nor accurate to imply that all poor people neglect their children. It was observed that in our study 41% of the subjects interviewed reported that they were often physically neglected in their childhood which was well above the global prevalence rate. Unlike other forms of child maltreatment, emotional abuse is usually underrated as the traces are not immediately discernible but may impact in later life. Therefore, data and information on the prevalence of emotional abuse is insufficient. A combined analysis of studies in European region estimated the prevalence of emotional abuse at 29.1% (Sethi *et al.*, 2013). The ACE studies estimating the prevalence of Emotional abuse among

College/University students in Albania, the former Yugoslav Republic of Macedonia and Romania was 51%, 10.8% and 23.6%, respectively (Qirjako *et al.*, 2013; Raleva *et al.*, 2013; Baban, 2012). Our study used a similar methodology and questionnaire and thus is comparable to these studies where the overall prevalence of subjects who experienced emotional abuse was 84%. The prevalence of emotional abuse and neglect was higher in our study because calling names, saying mean things, cursing and humiliating the child in front of others which were the most prevalent types of emotional violence was considered culturally normal in Indian society. Parents and teachers most commonly abused children psychologically, followed by relatives and elder siblings. Some of the words used by the teachers or parents in disciplining a child are still acceptable in the local culture, but by the latest definition of these words, they are termed as psychological violence against children. Childhood physical abuse is described as “non-accidental injury of such a nature so as to damage health of the child, inflicted by mother, father, or other individuals with a duty of care. This damage may arise as a result of any action that may or may not leave traces on the child’s body such as striking with the bare hand or using a tool of some kind, pushing, shaking, burning, or biting to establish obedience, to punish the child, or as a form of stress relief. Studies performed in various countries in all regions of the world suggest that about 80% of children suffer corporal punishment at home (Currie, 2010) and in our study we found a similar result of 84% of the subjects being victims of physical abuse in their childhood. The reasons could be attributed to the fact that high stress level, poor parental skills and corporal punishment at schools and homes in the pretext of disciplining the child are still prevalent in our society.

In relation to sexual abuse, many studies have reported prevalence rates which range from 3% to 36% (Christoffersen, 2013). According to the research experts, perpetrator will usually be a relative or someone known to the victim and in less case a stranger (Claussen *et al.*, 1991). The results of our study estimated the prevalence of childhood sexual abuse at 40 % for males and 41 % for females, and this was equally prevalent in all socioeconomic groups. It was observed in this study, that many participants were reluctant to answer the questions related to childhood sexual abuse due to the fact that Indian society is webbed by many factors and inhibitions. In addition, we live in eastern community, which is described as a reserved religious community, whose traditions put limitations on participant’s opportunity to report abuse experiences. It is unsurprising that childhood sexual abuse is severely under reported given the shame and associated socio-cultural stigma, especially if the abuse is in the context of the family. A number of alternative interviewing procedures could help to overcome the potential of underreporting, for example, telephone interviewing and Computer Assisted Personal Interviewing. Several studies show that between 14%, and 56% of females and up to 25% of males have been sexually abused by family members or stepparents (Gershoff, 2002). There are cases when children don’t report sexual abuse because they are afraid that nobody will believe them, their family will consider them responsible and they will be rejected which would bring shame to their family. There is a conspiracy of silence around the subject and its very important to break the silence around this issue, dispelling certain myths and taboos and providing research based information on child sexual abuse. In the present study, it was observed that various forms of childhood abuse were prevalent in our society with equal distribution

among both the genders and socioeconomic strata. However the prevalence of childhood physical and emotional abuse and neglect was higher when compared with various other global studies. This study was first of its kind to estimate the prevalence of adverse childhood experiences in Bengaluru City. However it represented only a limited set of population. Hence further studies need to be done in other states of our country to know the magnitude of child abuse prevailing in India.

Conclusion

Child abuse is shrouded in secrecy and this empirical study has established beyond doubt that child abuse exists in India and the incidence is much higher than generally perceived (Ministry of Women and Child Development Government of India, 2007). The purpose of the study was to establish that child abuse exists and also to provide the information base that will help the health care professionals to recognize and report such incidents and also to help government to formulate schemes and interventions to deal with the problem. This study is the key to further research. Thus it is the responsibility of every individual to create a protective environment and provide a safety net for children who fall into vulnerable and exploitative situations.

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Conflict of Interest

The authors of this manuscript declare that they have no conflicts of interest, real or perceived, financial or non-financial in this article.

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