



Specialists' Perception of the Harmful Consequences of Child-Abuse: A Phenomenological Study

Mousa Choupani¹** , Faezeh Atefi²

- 1. PhD Student in Counseling, Department of Counseling, School of Psychology and Educational Sciences, University of Isfahan, Isfahan, Iran
- 2. BSc in Social Work, Social Work Department, School of Social Sciences, Allameh Tabatabai University, Tehran, Iran

Received: 06.05.2018 Accepted: 27.06.2018 Published online: 20.03.2021

*Corresponding Author: Mousa Choupani

Email:

mousachoupani@gmail.com

Citation:

Choupani M, Atefi F. Specialists' perception of the harmful consequences of child-abuse: A phenomenological study. J Qual Res Health Sci. 2021; 10(1):1-10.

Abstract

Introduction: Child-abuse is one of the most common socio-psychological problems, and can contribute to the development of a set of intrapersonal, interpersonal, and peripheral harms in child and adolescent victims. This study aims at identifying the harmful consequences and harms of child-abuse (child maltreatment) in child and adolescent victims from the perspective of specialists (counselors, psychologists, and social workers).

Methods: This study was carried out using a qualitative and interpretive phenomenological approach. The research population included all specialists in the field of psychological and social health (counselors, psychologists, and social workers) in Isfahan and Tabriz Universities in 2018, who were experienced in research and treatment in child abuse. The participants were 9 specialists who were selected using purposive sampling. The data were collected through interviews with the participants. All the interviews were recorded and then transcribed line by line. The data extracted from the interviews were analyzed using the interpretive analysis approach proposed by Diekelmann, Allen, and Tanner.

Results: The analysis of the data extracted from the interviews revealed five main themes (psychological, behavioral, interpersonal, family, and social harms) and 31 subthemes related to child-abuse harms and consequences from the perspective of the specialists.

Conclusion: The insights from this study can be used to develop educational, preventive, and therapeutic programs aimed at reducing child abuse and its harmful effects.

Keywords: Specialists, Child-Abuse harms, Interpretative phenomenology

Introduction

Child abuse as one of the psychological-social problems (1) refers to any physical, sexual, emotional, and psychological harm or exploitation and failure to meet the basic needs of people under 18, and it disrupts the victim's functioning in all aspects of life (2-4). In other words, child abuse is any mistreatment of the child by the parents or others that leads to consequences such as death, physical-sexual harm, or emotional-psychological suffering in the child (5,6). There are different classifications of child abuse and its types. One of the most comprehensive classifications divides child abuse into six groups: physical abuse, psychological abuse, emotional abuse, educational abuse, economic abuse, and neglect (7,8).

Nearly 3 in 4 children - or 300 million children- aged

2–4 years regularly suffer physical punishment and/or psychological violence at the hands of parents and caregivers. Moody et al (5) reported that more than 30 to 35% of children in Iran have experienced child abuse. Besides, 70.6% of the children were exposed to physical abuse. It was also reported that 80% of child abuse cases were perpetrated by their relatives, with the highest percentage of victims being boys aged 6 to 10 and girls aged 10 to 15.

There are many psychological, interpersonal, family, and social factors that account for people's growing tendency to child abuse and its prevalence in the community (9). Some mental health specialists have highlighted psychological factors such as personality and neurological disorders (10), emotional deprivation and depression (11,12), low tolerance for failure and



inability to control anger (13), impaired empathy (14), irritability, and the experience of being abused in childhood (15) as the main factors underlying the prevalence of child abuse. Some researches, especially those in the field of family, have suggested that the family is the first environment in which a person begins his/her developmental process and spends most of his/her time, thus, family factors such as role modeling of violent parents (16), lack of monitoring in the family (17), excessive family control and extreme freedom in the educational system (18), disruption of parent-child emotional relationships (19), lack of coherent educational principles and instructions and the increase in parental conflicts (20) and the experience of being abused in childhood (21) are the main factors shaping the phenomenon of child abuse in the community. Several other studies, especially studies in the field of sociology, reflect the fact that in addition to psychological and family factors, environmental and social factors such as poverty and economic disability (22), unemployment and financial distress (23), problems in the educational system and unhealthy and harsh environment (24), and positive or neutral cultural attitudes (25) also contribute to the prevalence of child abuse and its increase at the family and community.

In addition to the multidimensionality of the factors influencing people's tendency towards child abuse, this psychosocial harm is associated with a range of destructive functional consequences in victims such as modeling child abuse from parents (16), the tendency to delinquency, feelings of inferiority, and worthlessness (26), feelings of insecurity and perceived rejection (27), isolation (28), sexual perversion (5), fear and pessimism towards others (29), internal anger (14), self-harm, self-injury, and suicidal tendencies (8), academic problems (30), feelings of sadness and anxiety (31), and drug and alcohol addiction (26). These problems disrupt the security and inner peace of affected people and hinder their functioning in all aspects of life.

Previous studies have explored child abuse in different societies and its functional dimensions (causes, problems, and consequences). However, these studies are not very comprehensive and have typically focused only on one aspect of the phenomenon in question. Furthermore, the Iranian society has a different culture from these societies and we cannot rationally expect full compliance of the results of previous studies on child abuse with its possible outcomes in the Iranian culture. Studies conducted on child abuse so far have often focused on child abuse victims, namely children and adolescents.

However, no study has addressed specialists who are experienced in research and treatment in child abuse. Focusing on the therapeutic and research experiences of these specialists can reveal more aspects of this destructive phenomenon, especially in the field of pathology. Victims themselves may not be aware of these aspects and thus extracting them by focusing on their phenomenological world is somewhat difficult and even impossible. Accordingly, this study explores the research and treatment experiences of child abuse professionals to provide more information on the multidimensional consequences and harms of child abuse. Moreover, the findings of this study can contribute to developing more strategic prevention and treatment programs. However, the full exploration of the experiences of specialists working in the field of child abuse using quantitative approaches and limited and guiding questions in questionnaires is not possible. Using a phenomenological approach and conducting semi-structured interviews, the present study attempted to provide the conditions for dialogue in a free and acceptable context so that the participants could reveal their hands-on experiences and information related to child abuse. In general, the purpose of this study was to provide a qualitative (phenomenological) survey of the harms and destructive consequences of child abuse from the perspective of specialists.

Methods

The present study was conducted qualitatively using an interpretive phenomenological approach. Interpretive phenomenology is both a philosophical concept and a research method that was developed to understand phenomena through human experience (32). It focuses on describing what people state to lead to the discovery of new phenomena. The basic and necessary issue for the application of the phenomenological approach is the answer to the question of whether the phenomenon in question needs to be clarified or not.

The research population included all specialists in the field of psychological and social health (counselors, psychologists, and social workers) in Isfahan and Tabriz Universities in 2018, who were experienced in research and treatment in child abuse. The participants were selected using purposive sampling. The sample size was determined based on theoretical saturation. Accordingly, the final sample included 9 persons. Given the objectives of the study, the participants were selected from specialists (counselors, psychologists, and social workers) working in the universities of Isfahan and Tabriz who met the inclusion criteria. The inclusion criteria were serving as a faculty member in one of the departments of counseling, psychology, and social work at the

University of Isfahan or Tabriz, holding at least a Ph.D. degree, having experience in conducting research in the field of child abuse, having medical and interventional experiences with child abuse victims, and being willing to participate in the study. To collect more reliable and detailed data, the scope of the study was extended and the interviewees who met the inclusion criteria were selected from three departments of counseling, psychology, and social work in two universities of Isfahan and Tabriz. To select the participants, the researcher visited the mentioned departments in person and identified the people who met the inclusion criteria, and invited them to participate in the study.

The data were collected by conducted semistructured interviews with the participants. To this end, the researcher talked about the process of child abuse and its prevalence. Then, the interview began with a general question about the consequences and destructive harms of child abuse on victims. To extract detailed and rich data, probing questions (e.g., Can you explain more about this? or Can you make it clearer?) were asked during the interviews. A total of 9 semi-structured interviews were conducted. Each interview lasted 30 to 45 minutes. The time and place of the interview were determined in advance by the researcher with the consent of the participant. The data were collected, recorded, coded, and classified into main and secondary themes over 5 months. To comply with ethical considerations and protect the rights of the participants, the researcher obtained informed consent from the participants and explained the objectives of the study to them. He also assured the participants that the data collected through the interviews would be kept completely confidential and anonymous. Besides, the participants' statements were transcribed carefully without any alteration, addition, or omission. The participants were also told the recorded voices would be deleted after the data analysis and writing of the article and its publication. Moreover, the participants were told that they were free to leave the study if they were not willing to cooperate in the study.

The collected data were analyzed using the interpretive analysis approach proposed by Diekelmann et al. (33). The purpose of data analysis in this approach is to extract concepts and then themes that are a set of general characteristics that represent the core meaning of concepts, and also similarities and differences among them. Following this approach, the transcripts of the interviews were reviewed several times to get a general understanding of them. Then, an interpretive summary was written for each

of the interview transcripts and the meanings hidden in it were extracted. The researchers were involved in the extraction process and shared their views to remove any inconsistency. As more interviews were conducted, the previous themes became clearer and evolved further, and sometimes a new theme was formed. To make further clarification, categorize the themes, and eliminate the existing contradictions in the interpretation, the researchers returned to the transcripts over and again. At each stage, the interpretive summaries were integrated and a more general analysis was performed so that finally the relationship between the interpretations and themes became more transparent. In fact, during the analysis, the themes were categorized based on a careful review of the data, repetition of coding, classifications, and comparisons. Besides, after extracting, coding, and classifying the data, common and related themes emerged in the form of subthemes, and the main themes, and unrelated themes were removed.

The four criteria proposed by Lincoln and Guba were used to validate the data collected from the interviews (34). To ensure the dependability of the collected data, the researcher tried to highlight the statements made by the interviewees in the analysis process and use his interpretive perceptions to enrich the collected information. To increase the credibility of the findings, the researcher established a close and deep relationship with the interviewees, and after gaining their trust in the researcher and the objectives of the study, the questions were asked precisely to elicit the required data from the interviewees. Furthermore, the researcher greatly improved his interviewing skills before starting the interviews through practice, repetition, and careful development of the interview questions. This largely increased the internal validity and richness of the collected data. To increase the transferability of the research findings, all stages of data collection were controlled by an expert in the field of qualitative research. This enhanced the reliability of the coding process and the findings of the study. Finally, to ensure the confirmability of the data, the researcher shared all the identified themes with the interviewees and asked them if they confirmed the findings from the data analysis. Besides, the researcher modified the identified themes and increased the validity of the findings by taking into account the comments made by the interviewees.

Results

There were 9 participants in the study, with a mean age of 52.1 years, all of whom were married. All

participants had a Ph.D. degree and all were faculty members of one of the departments of counseling, psychology, and social work in one of the two universities of Isfahan and Tabriz. Besides, 5 participants were assistant professors, 3 were associate professors, and 1 participant was a full professor. All participants had conducted at least one study on child abuse and they were working, on average, for more than 1 year in the field of occupational therapy with the affiliated department. The analysis of the participants' experiences revealed 31 subthemes (subcategories) and 5 main themes (main categories) related to child abuse harms and consequences in victims, as shown in Table 1.

Psychological harms

The first theme identified in the present study was psychological harms. These harms were repeatedly highlighted by the participants as one of the main consequences of child abuse in victims. Psychological harms and their nine subthemes, according to the interviewees, are the main destructive consequences of child abuse that manifest themselves in victims and make it difficult or even impossible for them to have a peaceful life.

Personality disorders: "As you know, a child abuse victim is prone to personality disorders, especially antisocial and somewhat paranoid personality" (Participant 5).

Insecure attachment: "A child who is humiliated instead of being loved develops insecure attachment. He/she stays away from others and is always afraid that lest his/her loved ones reject him/her" (Participant 13).

Identity crisis: "Victims of child abuse are often skeptical about who they are, what they want, and where they want to go, and they are confused or choose the wrong path (Participant 4).

Perception of inferiority and worthlessness: "Repeated abuse of the child causes the child to always live with a sense of inferiority and worthlessness" (Participant 10).

Impaired self-efficacy: "When you always blame the child and humiliate him/her instead of encouraging him/her, the child does not believe in his/her own abilities" (Participant 15).

Post-traumatic stress: "All signs and symptoms of post-traumatic stress are present in child abuse victims" (Participant 7).

Insomnia and nightmares: "Victims of child abuse often have trouble sleeping and often complain of nightmares and repetitive scenes of abuse" (Participant 6).

Profound helplessness: "Most of these children reach a dead end and say that they do not know what to do, they cannot do anything, and they have nothing to lose" (Participant 12).

Emotional deprivation and depression: "Sadness and despair are obvious characteristics of child abuse victims as if they are always suffering from a series of internal problems" (Participant 14).

Behavioral harms

According to the participants, behavioral harms including self-destruction (self-harm and suicide), verbal-non-verbal violence, passive-aggressive behaviors, impulsivity, and disobedience are other destructive consequences that are formed in children and adolescents exposed to child abuse.

Self-destruction: "Victims of child abuse have a strong tendency to abuse themselves or, in their own words, to evacuate and liberate themselves through actions such as self-harm and suicide" (Participant 15).

Verbal and non-verbal violence: "You may not believe it, but I have experienced the aggressive attacks of these people several times so far" (Participant 6).

Passive-aggressive behaviors: "Usually child abuse victims always have an inner anger that is expressed in different and transformed ways" (Participant 8).

Table 1. The themes and subthemes related to child abuse harms and consequences

Themes	Subthemes
Psychological harms	Personality disorders, insecure attachment, identity crisis, perception of inferiority and worthlessness, impaired self-efficacy, post-traumatic stress, insomnia and nightmares, profound helplessness, emotional deprivation and depression
Behavioral harms	Self-destruction (self-harm and suicide), verbal-non-verbal violence, passive-aggressive behaviors, impulsivity, and disobedience
Interpersonal (interactive) harms	Communication isolation, communication avoidance, communication anxiety, communication insecurity, and communication pessimism
Family harms	The decline of family intimacy, weakening of family structure, systematic disorder, and psychological dysfunction in other members
Social harms	Drug addiction, sexual perversion, Robbery and theft, running away from home, prostitution, divorce, academic problems, and antisocial behavior

Impulsivity: "Some of these victims have been harmed to such an extent that they become very impulsive, reacting with the slightest sense of threat" (Participant 11).

Disobedience: "Many children lose their obedience and break the house rules" (Participant 2).

Interpersonal (interactive) harms

Interpersonal (interactive) harms are among the other problems that are most likely to occur in victims of child abuse. In fact, child abuse leads to communication problems. According to the participants, the most common communication problems are communication isolation, communication avoidance, communication anxiety, communication insecurity, and communication pessimism.

Communication isolation: "Children who are abused gradually distance themselves from others and become isolated" (Participant 3).

Communication avoidance: "When the dearest person in your life is abusing you, you will gradually learn to avoid being with others" (Participant 5).

Communication anxiety: "Victims of child abuse are always afraid of having a relationship. For example, as you are afraid of heights, they are also afraid of a relationship" (Participant 7).

Communication insecurity: "In my work with child abuse victims, I have felt they are always suffering from a kind of insecurity inside" (Participant 9).

Communication pessimism: "Victims of child abuse gradually become pessimistic about others. When you try to be honest with them, they look for the slightest sign that to keep away from you" (Participant 12).

Family harms

In addition to causing great harm to victims, child abuse also has a devastating effect on the family system. According to the participants, child abuse may lead to a range of functional harms including the decline of family intimacy, weakening of the family structure, systematic disorder, and psychological dysfunction in other members.

The decline of family intimacy: "The members of a family that suffers from such a tragedy will gradually keep away from each other and lose their closeness and intimacy" (Participant 13).

Weakening of family structure: "The absence of a structure in the family can also be one of the causes of child abuse" (Participant 15).

Systematic disorder: "Child abuse has consequences

not only for the victim but also for the family over time" (Participant 16).

Psychological dysfunction in other members: "One of my clients was a young lady all whose psychological problems and disorders were because her little brother was constantly beaten by his parents" (Participant 7).

Social harms

According to the participants, the community is not safe from the destructive effects of child abuse, and this functional crisis contributes to the development of a range of social harms and delinquent tendencies in child and adolescent victims. The most common social harms among child abuse victims are drug addiction, sexual perversion, robbery and theft, homelessness, prostitution, divorce, academic problems, and antisocial behavior.

Drug addiction: "Child abuse leads to many deep sufferings that are very difficult and even impossible to alleviate. So, victims are more likely to turn to drugs and alcohol for relief for even a few minutes" (Participant 4).

Sexual perversions: "Studies have shown that sexual perversions are unfortunately more common among child abuse victims than others" (Participant 3).

Robbery and theft: "Many child victims, especially those who are not financially supported, turn to commit theft, both from family and others" (Participant 14).

Running away from home: "Tolerating child abuse is difficult and most victims are running away from its place of occurrence, i.e. the family" (Participant 16).

Prostitution: "Unfortunately, many girls who have experienced child abuse and run away from home to large cities tend to become prostitutes" (Participant 1).

Divorce: "Interestingly, child abuse victims are more likely to be separated and divorced in their married life" (Participant 11).

Academic problems: "Academic apathy and academic failure are destructive signs of child abuse" (Participant 10).

Antisocial behavior: "Non-compliance with social rules, conflicts and other types of antisocial behaviors can be harms caused by child abuse" (Participant 3).

Discussion

The present qualitative study employed a phenomenological approach to explore the harms and destructive

consequences of child abuse from the perspective of specialists (counselors, psychologists, and social workers) who were experienced in the field of child abuse research and treatment. The analysis of the data from the participants' interviews revealed 5 main themes including psychological, behavioral, interpersonal, family, and social harms.

One of the most serious consequences of child abuse in child and adolescent victims is psychological trauma and harms that disrupt the functional security of this group concerning various life tasks. The analysis of the data collected from the participants showed that this group of children and adolescents affected by the child abuse develop antisocial tendencies and are very pessimistic about those around them and their honesty. They always avoid contact with others and the formation of intimate bonds and consider their survival in isolation and distrust in others. They face identity problems and are exposed to the increased risk of identity crisis and the possibility of the formation of unhealthy identities. The feeling of inferiority and worthlessness is gradually internalized in them and they lose the opportunity for desirable performance in various aspects of life. Their self-confidence is greatly diminished. Besides, they lose their confidence in their performance efficiency in developmental tasks. Such people also suffer from the symptoms of post-traumatic stress, which leads to other psychological disorders such as anxiety and depression, lower sleep quality, insomnia, and nightmares. In addition to the deep frustrations and deeply perceived discomforts, child abuse victims develop a sense of helplessness acquired in various stages of life, which act as a barrier to development and progress.

Greger et al. (26) stated that child abuse leads to impaired performance and psychological security, and thus contributes to a range of psychological disorders such as feelings of inferiority and impaired self-efficacy. In their study, Nilsson et al. reported that the experience of child abuse causes psychological distress in victims and, through the formation of negative attitudes such as mistrust in others, leads to the perception of rejection and forces them to avoid social relations (27). Children and adolescents who are physically, emotionally, and sexually abused gradually develop inner fears and anxieties and become completely pessimistic about the honesty of individuals in interpersonal relationships and this pessimism eventually leads to their constant withdrawal from social relations. Paine and Wood (31) also emphasized the role of child abuse in

causing psychological harm to victims and emphasized that the experience of this functional problem leads to deep sadness and anxiety in the individual and thus it disrupts the individual's functioning in various aspects of life. Abuse of the child and violation of his/her rights through all kinds of child abuse (physical, sexual, emotional, and psychological) and also the disregard for the needs of the child lead to psychological symptoms and malfunctions in the victim and contribute to the development of a range of psychological disorders.

Victims of child abuse face behavioral problems. According to the participants, the experience of child abuse paves the way for the development and exacerbation of these psychological-social problems. The participants in the study stated that child abuse victims develop self-destructive tendencies over time, and these tendencies manifest themselves in the form of self-harm and even suicide. They also have suppressed inner anger that is occasionally manifested in the form of verbal and non-verbal violence and leads to harm to others. This inner anger may also be expressed in the form of passiveaggressive strategies such as threats, resentment, and hatred. Child abuse victims objectively express their feeling, and when they are stimulated they impulsively apply their inner selves, in a way that makes the prediction of their performance very difficult, and ultimately they become disobedient and stubborn and use all their power to oppose the rules and regulations of the family and society, especially the laws that they believe are oppressive and lead to the repetition of the experience of abuse.

Habibi et al. (8) stated that the experience of child abuse greatly increases a person's tendency to self-destructive behaviors, including self-harm and even suicide. They also reported that the tendency of child victims to self-destructive behaviors is at a higher level than others. Rosado et al. (14) found that inner anger and aggressive behaviors expressed verbally and non-verbally are the main consequences of child abuse behavior in victims. Lahtinen et al. (28) also showed that abnormal behaviors are one of the destructive consequences of child abuse, and isolationist behaviors are the most common type of abnormal behaviors. The formation of healthy behaviors requires a favorable educational environment and a normal parenting system. This system can prevent abnormal behaviors in the child by satisfying the psychological and physical needs of the child and providing emotional and psychological support to him/her while shaping healthy behaviors. However, victims of child abuse not only have no access to

such supportive systems but also always face a range of behavioral abuses that provide the basis for modeling these behaviors and committing them in their daily life.

Child abuse is also associated with a wide range of interpersonal disorders, which make it difficult for victims to successfully form and maintain interpersonal relationships. According to the participants, child abuse and its experience make the victim have a fear of communication and be always afraid of approaching others, which origins from the fear of repeating the bitter experience of child abuse. These people prefer communication isolation over having multiple relations and even onedimensional intimacy with others because they have been abused by the most trusted people and no relationship brings security and peace for them. Ultimately, the experience of child abuse in these people will lead to the formation of communication pessimism over time, and the victim relies on this inner attitude that people (whether familiar and strangers) are not worth trusting, and approaching them will lead to a repeat of the abuse, so the best way is to avoid them.

Rosado et al. (14) reported that child abuse leads to a range of interpersonal and communication dysfunctions, and greatly impairs the development of empathy and the ability to develop intimacy, thus declining the quantity and quality of interpersonal and interactive relationships. Lahtinen et al. (28) also found that people who experienced child abuse due to anxiety and negative attitudes towards communication with others and mistrust tend to avoid engaging in interpersonal interactions and thus prevent the destruction of their security. Victims of child abuse perceive this bitter experience during relationships with the closest and most trusted people in their lives. Therefore, these people avoid engaging in interpersonal relationships due to anxiety and fear of a repetition of the bitter experience. They also internalize negative attitudes toward intimacy with others and look at these relationships with a pessimistic view, and this view can permanently deter them from engaging in interpersonal relationships.

The participants in the study stated that the consequences of child abuse are not limited to the victims, but that the problem is much more severe and leads to a range of functional impairments in the family. In fact, these specialists believe that child abuse and its repetition in the family gradually disrupts the communication intimacy that governs this system and separates members from each other, and makes them resentful and pessimistic about

each other. It shakes the rules and regulations of the family and the hierarchy that governs the family, which is based on power, respect, and cooperation, and makes having a coherent family an unattainable ideal. Besides, child abuse disrupts the order of the family and creates a kind of systematic confusion in the whole family. It also psychologically weakens other family members and paves the way for malfunctions such as depression and anxiety in them.

McKelvey et al. (19) stated that the experience of child abuse, in addition to disrupting the psychological security of the victim, also leads to disruptions in the systematic and communicative functioning of the family and the deterioration of the parent-child relationship to a great extent. Patwardhan et al. (20) suggested that disruptions in the rules and monitoring system governing the family can be one of the causes of the prevalence of child abuse. Moreover, the experience of child abuse by one of the members leads to the disruption of the interpersonal functioning of the family and even the psychological functioning of other members. A very large percentage of child abuse occurs in the home environment and usually by parents, which, in addition to declining the psychological security and behavioral health of child victims, gradually undermines the systematic structure of the family by breaking down family rules and disrupting relationships between members. Furthermore, child abuse increases the likelihood of psychological distress such as guilt, anxiety, and depression.

In addition to the psychological, interpersonal, behavioral, and family traumas that child abuse creates for victims, this psychosocial crisis develops victims' tendency toward a range of social harms that make these people take a wrong and harmful path in their life. The participants emphasized that victims of child abuse tend to resort to drugs and alcohol to alleviate the suffering of this tragic event, besides, the absence of an effective educational and supervisory structure induces them to choose theft as a profession for making a living and even having fun. Furthermore, the harsh conditions of the family environment lead them to run away from home and usually flee to big cities. They also have greater sexual perversions than other children and adolescents. Child abuse victims especially girls who have run away from home are often prone to prostitution, face a range of learning difficulties, develop disciplinary and behavioral disorders, and often do not have a successful marital life with the rate of divorce being very high among them.

Greger et al. (26) stated that social harm is one of the main and most common consequences of child

abuse, and drug and alcohol addiction is much more prevalent among victims. In another study, Moshrefiandehkordi (5) showed that the tendency to social and destructive harms such as addiction, sexual perversions, and theft can be highlighted as harms resulting from child abuse in victims. Children and adolescents who enter the outside community with a range of psychological traumas, behavioral abnormalities, and various family problems and do not have a good educational, supervisory, and support system are more likely to engage in a range of social malignancies such as drug abuse, theft and robbery, sexual perversions, prostitution, suicide and other types of social problems. These problems are more prevalent among child abuse victims as they are more inclined to commit such antisocial behaviors under the influence of the bitter experience of child abuse.

Conclusion

The present study examined the quality of child abuse harms in child and adolescent victims from the perspective of specialists (counselors, psychologists, and social workers). The results showed that child abuse is associated with a range of psychological harms (personality disorders, insecure attachment, identity crisis, perception of inferiority and worthlessness, impaired self-efficacy, post-traumatic stress, insomnia and nightmares, profound helplessness, emotional deprivation, and depression), behavioral harms (self-destruction (self-harm and suicide), verbal-non-verbal violence, passive-aggressive behaviors, impulsivity, and disobedience), interpersonal harms (communication isolation, communication avoidance, communication anxiety, communication insecurity, and communication pessimism), family harms (the decline of family intimacy, weakening of systematic structure, disorder, psychological dysfunction in other members) and social harms (drug addiction, sexual perversion, robbery and theft, running away from home, prostitution, divorce, academic problems, and antisocial behavior). These findings reveal the destructive consequences of child abuse in child and

References

- 1. Atefi F, Adelinrasi H, Choupani M. Specialists' perception of the effective personality traits in the tendency of people to child abuse: a phenomenological study. Educational Psychology 2019; 15(51):1-25. doi: 10.22054/jep.2019.41227.2652. [In Persian].
- 2. Habibi S, Goharimoghadam M. Prevention of child abuse and treatment. Journal of Psychology &

adolescent victims and highlight the need for more research and interventions for this group of people. Furthermore, by revealing the multiple harms of this psychological-social crisis, this study provides useful insights into developing and organizing educational, preventive, and treatment programs to reduce the prevalence of child abuse and the severity of harms associated with it.

One of the limitations of the present study was its mere focus on specialists (counselors, psychologists, and social workers), and not considering child abuse victims to identify child abuse harms could lead to the incorporation of subjective and unscientific interpretations into research findings. Besides, it could hide many of the harms of this psychologicalsocial crisis. Furthermore, as the interviewees were very busy and did not have sufficient time to take part in the interviews, it was not possible to have access to all their information and experiences. Therefore, other researchers are recommended to select people as interviewees who, in addition to having scientific and practical experience in the field of child abuse, have enough time to attend comprehensive interviews and provide detailed information about the phenomenon in question. Besides, future studies can identify child abuse harms and consequences through interviews with victims themselves and focusing on their own phenomenological world.

Acknowledgments

The present study was extracted from a bachelor thesis by Ms. Faezeh Atefi entitled "Phenomenology of effective factors in child abuse prevalence and preventive and intervention strategies from the perspective of specialists (social workers, counselors, psychologists, and lawyers) approved under registration code 76721 by Allameh Tabataba'i University in Tehran in 2018. The authors would like to appreciate all those who participated in the present study.

Conflict of Interest

The authors declared no conflict of interest.

- Educational Sciences 2017; 3(2):95-105. [In Persian].
- **3.** Christian CW, Committee on Child Abuse and Neglect, American Academy of Pediatrics. The evaluation of suspected child physical abuse. Pediatrics 2015; 135(5):e1337-54. doi: 10.1542/peds.2015-0356.
- **4.** World Health Organization. Child maltreatment. [cited2020 Jun 12] Available from: https://www.who.

int/news-room/fact-sheets/detail/child-maltreatment.

- 5. Moody G, Cannings-John R, Hood K, Kemp A, Robling M. Establishing the international prevalence of self-reported child maltreatment: a systematic review by maltreatment type and gender. BMC Public Health. 2018; 18(1):1164. doi: 10.1186/s12889-018-6044-y.
- **6.** Gabrielli J, Jackson Y, Tunno AM, Hambrick EP. The blind men and the elephant: Identification of a latent maltreatment construct for youth in foster care. Child Abuse Negl 2017; 67:98-108. doi: 10.1016/j.chiabu.2017.02.020.
- Blakemore T, Herbert JL, Arney F, Parkinson S. The impacts of institutional child sexual abuse: a rapid review of the evidence. Child Abuse Negl 2017; 74:35-48. doi: 10.1016/j.chiabu.2017.08.006.
- **8.** Habibi S, Fallah Mh, Amopour M. Effectiveness of child abuse on the personality characteristics of children. Journal of Psychology & Educational Sciences 2017; 3(2):106-20. [In Persian]
- 9. Debowska A, Willmott D, Boduszek D, Jones AD. What do we know about child abuse and neglect patterns of co-occurrence? A systematic review of profiling studies and recommendations for future research. Child Abuse Negl 2017; 70:100-11. doi: 10.1016/j.chiabu.2017.06.014.
- **10.** Hagborg JM, Berglund K, Fahlke C. Evidence for a relationship between child maltreatment & absenteeism among high-school students in Sweden. Child Abuse Negl 2018; 75: 41-4. doi: 10.1016/j.chiabu.2017.08.027.
- **11.** Jackson Y, Huffhines L, Stone KJ, Fleming K, Gabrielli J. Coping styles in youth exposed to maltreatment: Longitudinal patterns reported by youth in foster care. Child Abuse Negl 2017; 70:65-74. doi: 10.1016/j.chiabu.2017.05.001.
- **12.** Daneshmandi S, Izadikhah Z, Mehrabi HA. The structural model of relationship between child maltreatment, interpersonal skills and borderline personality traits in women population. Journal of Woman and Family Studies 2018; 6(2):5-24. [In Persian].
- **13.** Klevens J, Barnett SB, Florence C, Moore D. Exploring policies for the reduction of child physical abuse and neglect. Child Abuse Negl 2015; 40:1-11. doi: 10.1016/j.chiabu.2014.07.013.
- **14.** Rosado N, Ryznar E, Flaherty EG. Understanding hummers fractures in young children: abuse or not abuse? Child Abuse Negl 2017; 73:1-7. doi: 10.1016/j.chiabu. 2017.09.013.
- **15.** Prindle JJ, Hammond I, Putnam-Hornstein E. Prenatal substance exposure diagnosed at birth and infant involvement with child protective services. Child Abuse Negl 2018; 76:75-83. doi: 10.1016/j.chiabu.2017.10.002.

- **16.** Kepple NJ. Does parental substance use always engender risk for children? Comparing incidence rate ratios of abusive and neglectful behaviors across substance use behavior patterns. Child Abuse Negl 2018; 76:44-55. doi: 10.1016/j.chiabu.2017.09.015.
- **17.** Fry D, Fang X, Elliott S, Casey T, Zheng X, Li J, et al. The relationships between violence in childhood and educational outcomes: A global systematic review and meta-analysis. Child Abuse Negl 2018; 75: 6-28. doi: 10.1016/j.chiabu.2017.06.021.
- **18.** Cummings JA. Transformational change in parenting practices after child interpersonal trauma: A grounded theory examination of parental response. Child Abuse Negl 2018; 76:117-28. doi: 10.1016/j.chiabu.2017.10.005.
- **19.** McKelvey LM, Selig JP, Whiteside-Mansell L. Foundations for screening adverse childhood experiences: Exploring patterns of exposure through infancy and toddlerhood. Child Abuse Negl 2017; 70:112-21. doi: 10.1016/j.chiabu. 2017.06.002.
- **20.** Patwardhan I, Hurley KD, Thompson RW, Mason WA, Ringle JL. Child maltreatment as a function of cumulative family risk: findings from the intensive family preservation program. Child Abuse Negl 2017; 70: 92-9. doi: 10.1016/j.chiabu.2017.06.010.
- **21.** Van der Put CE, Assink M, Boekhout van Solinge NF. Predicting child maltreatment: a meta-analysis of the predictive validity of risk assessment instruments. Child Abuse Negl 2017; 73:71-88. doi: 10.1016/j.chiabu.2017.09.016.
- **22.** Fouché A, le Roux LM. Social workers' views on pretrial therapy in cases of child sexual abuse in South Africa. Child Abuse Negl 2018; 76:23-33. doi: 10.1016/j.chiabu.2017.09.008.
- **23.** Pelton LH. The continuing role of material factors in child maltreatment and placement. Child Abuse Negl 2015; 41:30-9. doi: 10.1016/j.chiabu.2014.08.001.
- **24.** Dube SR, McGiboney GW. Education and learning in the context of childhood abuse, neglect and related stressor: The nexus of health and education. Child Abuse Negl 2018; 75:1-5. doi: 10.1016/j.chiabu. 2017.09.029.
- **25.** Palmer D, Feldman V. Toward a more comprehensive analysis of the role of organizational culture in child sexual abuse in institutional contexts. Child Abuse Negl 2017; 74:23-34. doi: 10.1016/j.chiabu.2017.08.004.
- **26.** Greger HK, Myhre AK, Klöckner CA, Jozefiak T. Childhood maltreatment, psychopathology & wellbeing: The mediator role of global self-esteem, attachment difficulties & substance use. Child Abuse Negl 2017; 70:122-33. doi: 10.1016/j.chiabu.2017.06.012.
- **27.** Nilsson D, Nordås E, Pribe G, Svedin CG. Child physical abuse High school students' mental health & parental relations depending on who perpetrated

- the abuse. Child Abuse Negl 2017; 70:28-38. doi: 10.1016/j.chiabu.2017.05.007.
- **28.** Lahtinen HM, Laitila A, Korkman J, Ellonen N. Children's disclosures of sexual abuse in a population-based sample. Child Abuse Negl 2018; 76:84-94. doi: 10.1016/j.chiabu.2017.10.011.
- **29.** Sawrikar P, Katz I. Barriers to disclosing child sexual abuse (CSA) in ethnic minority communities: a review of the literature & implications for practice in Australia. Children and Youth Services Review 2017; 83(1):302-15. doi: 10.1016/j.childyouth.2017.11.011.
- **30.** Font SA, Cage J. Dimensions of physical punishment and their associations with children's cognitive performance and school adjustment. Child Abuse

- Negl 2018; 75:29-40. doi: 10.1016/j.chiabu.2017.06.008.
- **31.** Paine CW, Wood JN. Skeletal surveys in young, injured children: a systematic review. Child Abuse Negl 2018; 76:237-49. doi: 10.1016/j.chiabu.2017.11. 004.
- **32.** Gall M, Borg W, Gall J. Quantitative & Qualitative Research Methods in Psychology. Translated by Nasr Esfahani. Tehran: SAMT; 2019. [In Persian].
- **33.** Diekelmann N, Allen D, Tanner C. The NLN Criteria for Appraisal of Baccalaureate Programs: a Critical Hermeneutic Analysis. USA: National League for Nursing; 1989.
- **34.** Guba EG, Lincoln YS. Fourth Generation Evaluation. USA: Sage Publications; 1989.