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PREVALENCE OF CHILD MALTREATMENT: A RETROSPECTIVE STUDIES AMONG INDIAN EMERGING ADULTS

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ASTARA The Mind Clinic, Singapore

&

Indian Institute of Psychology & Research (IIPR), Bangalore, India

Research Project Report

On

PREVALENCE OF CHILD MALTREATMENT: A RETROSPECTIVE STUDY AMONG INDIAN EMERGING ADULTS

by

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Abstract

Background: Childhood significantly shapes an individual's personality and behaviour, making the issue of child maltreatment a critical public health concern. Understanding its prevalence is crucial for guiding interventions aimed at preventing abuse. The treatment a child receives during formative years profoundly impacts their overall health. Recognizing maltreatment in a caregiver's behaviour is essential, as it causes stress linked to disruptions in early brain development. This study aims to retrospectively investigate the prevalence and characteristics of child maltreatment among emerging adults in India.

Materials and Methods: This cross-sectional research study employed a non-experimental comparative design involving 289 emerging adults in India. Retrospective data on child maltreatment was collected utilizing the ISPCAN Questionnaire (ICAST-R) designed for Young Adults, specifically those aged 18 to 24 years. The data analysis incorporated descriptive statistics, including frequency analysis, alongside inferential statistics such as the Mann-Whitney U-test, Kruskal-Wallis H Test, and Regression Analysis. The entire study was conducted in accordance with established ethical standards and received approval from the Research Advisory Committee prior to its commencement.

Results: The study involved 289 college-going individuals in India, comprising 146 males and 143 females, predominantly educated at the 12th grade/PUC (44.3%) or undergraduate level (43.9%). The participants originated from varied locations: 40% from towns or small cities, 38.8% from farms or villages, and 20.8% from large cities. Currently, the distribution is fairly equal among rural (38.4%), semi-urban (30.4%), and urban (31.1%) areas, with 69.2% from the Southern Zone. Analysis of child maltreatment reveals a high prevalence of physical abuse (69.6%), followed by emotional abuse (65.4%), sexual abuse (30.1%), and neglect (19.4%). Notably, among those who experienced sexual abuse, 34 had not disclosed these experiences before the study. Comparative analysis indicates significant gender disparities in sexual abuse incidence and highlights the influence of family structure on physical and emotional abuse levels. Socioeconomic status also affects sexual abuse prevalence, cultural factors affect physical abuse, place of born and brought up influences physical, emotional and sexual abuse prevalence, and current area of living matters physical and sexual abuse. Regression analysis confirms that gender significantly predicts sexual abuse; family structure and ethnicity significantly predict

physical abuse; and place of born and brought up significantly predict physical, emotional, and sexual abuse in this cohort of emerging adults.

Conclusion: The study indicates that a considerable number of adolescents experience occasional incidents of abuse and neglect, with boys reporting such experiences more frequently than their female counterparts. It underscores the necessity for comprehensive interventions that focus on family dynamics and adult-child relationships, as current awareness predominantly addresses extreme forms of abuse. A broader understanding of abuse must be incorporated into awareness initiatives. Furthermore, child abuse represents a significant societal and public health concern that necessitates the implementation of positive parenting programs, enhanced reporting mechanisms, and coordinated support systems.

***Keywords*:** Child Maltreatment, Physical, Emotional and Sexual Abuse, Neglect, Family Dynamics and Adult-Child Relationships, Factors of Child Maltreatment

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List of Abbreviations

Abbreviation	Definition
ACEs	Adverse Childhood Experiences
BMI	Body Mass Index
CM	Childhood Maltreatment
CSA	Child Sexual Abuse
CSV	Child Sexual Violence
CT	Childhood Trauma
CTQ	Childhood Trauma Questionnaire
DSM-V	Diagnostic and Statistical Manual of Mental Disorders
et al.	And others
HIV	Human Immunodeficiency Virus
ICAST	ISPCAN Child Abuse Screening Tool
IRB	Institutional Review Board
ISPCAN	International Society for the Prevention of Child Abuse and Neglect
NCDs	Non-Communicable Diseases
STIs	Sexually Transmitted Infections
POCSO	Protection of Children from Sexual Offences
WHO	World Health Organization

Introduction and Overview

The early years of childhood are the basis for personality development, cognitive development and learning. Every child has a right to develop and thrive, not just survive. To this end, a triangulation of balanced nutrition, access to good healthcare and hygiene, along with caregiving, healthy parenting and a supportive home, neighbourhood and school environment play a crucial role in a child's upbringing. Violence against children is also a contributor to inequalities in education. Children who experienced any form of violence in childhood have a 13% greater likelihood of not graduating from school. Childhood plays a significant role in shaping a person's personality and behaviour. Therefore, anything that disturbs the normal development of a child, such as maltreatment, is considered a violation. Children need to grow in a healthy environment where they are loved and treated properly so they can develop into normal healthy individuals.

Childhood Maltreatment

Childhood maltreatment (CM) is a widespread issue that includes all types of abuse and neglect that people endure when they are still in their early years. When CM is used generally, it encompasses neglect, emotional, physical, and sexual abuse, all of which have a long-lasting effect on a person's social, psychological, and physical development (Hussey, Chang, & Kotch, 2006). Numerous studies conducted in international settings have examined the frequency and effects of CM; the results have shown startling numbers and underlined the critical need for support systems and intervention (Gilbert et al., 2009). However, there are substantial cultural and regional differences in the manifestation and interpretation of CM, which calls for careful investigation within certain cultural contexts, like India.

Childhood maltreatment is defined as "*any act(s) of commission or omission that results in harm, the potential for harm, or threat of harm to a child*" (Leeb et al., 2008).

The Child Abuse and Prevention Treatment Act (APA, 2009) defines child abuse and neglect or child maltreatment as any recent act or failure to act on the part of a parent or caretaker, which results in death, serious physical or emotional harm, sexual abuse or exploitation, or an act or failure to act which presents an imminent risk of serious harm.

Maltreatment can be classified into two categories: abuse and neglect. Abuse comprises physical, sexual, and emotional abuse of children, while neglect includes both emotional and physical neglect (Park, 2020). Any experience that deviates from typical situations that might cause intense anxiety or sorrow is considered trauma (Wicks-Nelson & Israel, 1997). Interpersonal trauma-related emotional difficulties may lead to emotional vulnerability because the victim may feel violated and betrayed (Lilly & London, 2015). These are the most common forms of maltreatment that occur to children (Finkelhor, Turner, Shattuck, & Hamby, 2015). When a parent, carer, or any other known or unknown individual commits any kind of abusive conduct or neglectful act against a kid (someone under the age of 18), it is considered childhood maltreatment ("About Child Abuse and Neglect," 2024; Singhi, Saini, & Malhi, 2013).

Neglect is a failure to meet the child's basic needs, e.g., not providing enough food, shelter or basic supervision, necessary medical or mental health treatment, adequate education or emotional comfort.

Physical abuse refers to the injury of a child on purpose, e.g., striking, kicking, beating, biting or any action that leads to physical injury.

Sexual abuse is the use, persuasion or forcing of a child to engage in sexual acts or imitation of such acts.

Child maltreatment exemplifies a harmful relational environment that poses significant risks for maladaptation across biological, social, and psychological domains. Abuse and neglect of children's development from childhood to adulthood (Cicchetti & Toth, 2005). Child maltreatment is usually divided into two subcategories: actions of omission (emotional and physical neglect) and acts of commission (physical, emotional and sexual abuse (Barnett et al., 1993). The World Health Organization (WHO) distinguishes four types of child maltreatment: physical abuse, sexual abuse, emotional or psychological abuse, and neglect (Butchart et al., 2006; WHO, 2020). It occurs in families from all walks of life, of all incomes, religions and ethnicities.

In the global setting, research suggests that a significant percentage of youngsters experience maltreatment. For example, a meta-analysis conducted in 2015 estimated that 1 in 4

children globally suffer from physical abuse, and that the number of cases of mental abuse and neglect is significantly greater (Stoltenborgh, Bakermans-Kranenburg, Alink, & Van IJzendoorn, 2014). These statistics highlight how common CM is and how important it is for public health and social welfare programmes.

There is no single cause of child maltreatment; rather, it occurs as a result of many forces working together to impact the family. These factors are summarized as:

1. Parent or caregiver risk factors

Low self-esteem, poor impulse control, depression, anxiety or antisocial behavior. Experiencing or witnessing violence as a child teaches violent behaviour or justifies it as proper behaviour. Substance abuse interferes with mental functioning, judgment, self-control, and the ability to be protective of one's child and make the child's needs a priority. Lack of knowledge about normal child development and unrealistic expectations, frustration and/or inappropriate methods of discipline.

2. Family risk factors

Children in violent homes may witness intimate partner violence, may be victims of physical abuse themselves and may be neglected by parents or caregivers who are focused on their partners or unresponsive to their children due to their fears. Stressful life events, parenting stress and emotional distress (e.g., losing a job, physical illness, marital problems or the death of a family member) may worsen hostility, anxiety or depression among family members and increase the level of family conflict and maltreatment. Maltreating parents or caregivers are less supportive, affectionate, playful and responsive with their children. They are more likely to use harsh discipline and verbal aggression than positive parenting strategies (e.g., using time outs, reasoning, and recognizing and encouraging the child's successes).

3. Child risk factors

Infants and young children, because they are small and need constant care, are more likely to experience certain forms of maltreatment such as being shaken by parents or caregivers frustrated or overwhelmed by persistent crying. Teenagers, on the other hand, are at greater risk for sexual abuse.

Aggression, attention deficits, difficult temperaments and behaviour problems in children have been associated with increased risk for maltreatment, especially when parents have poor coping skills, are unable to empathize with the child or have difficulty controlling emotions. Maltreatment often exacerbates the problem. A physically abused child may develop aggressive behaviours that lead to recurring maltreatment.

4. Environmental risk factors

The vast majority of parents or caregivers who live in these types of environments are not abusive. However, these stresses can increase the risk of abuse for some. Poverty and unemployment can increase the likelihood of maltreatment, especially in combination with family stress, depression, substance abuse and social isolation. Parents with less material and emotional support and who do not have positive parenting role models feel less pressure to conform to conventional standards of parenting behaviours. Children living in dangerous neighbourhoods are at higher risk than children from safer neighbourhoods for severe neglect, physical abuse and sexual abuse. It is possible that violence may seem an acceptable response or behaviour to individuals who witness it more frequently.

Violence against children can be prevented. Preventing and responding to violence against children requires that efforts systematically address risk and protective factors at all four interrelated levels of risk (individual, relationship, community, society).

According to World Health Organization Child maltreatment is the abuse and neglect that occurs to children under 18 years of age. It includes all types of physical and/or emotional ill-treatment, sexual abuse, neglect, negligence and commercial or other exploitation, which results in actual or potential harm to the child's health, survival, development or dignity in the context of a relationship of responsibility, trust or power (Becker, 2023).

Maltreatment causes stress that is associated with disruption in early brain development. Extreme stress can impair the development of the nervous and immune systems. Consequently, as adults, maltreated children are at increased risk for behavioural, physical and mental health problems such as:

- perpetrating or being a victim of violence,

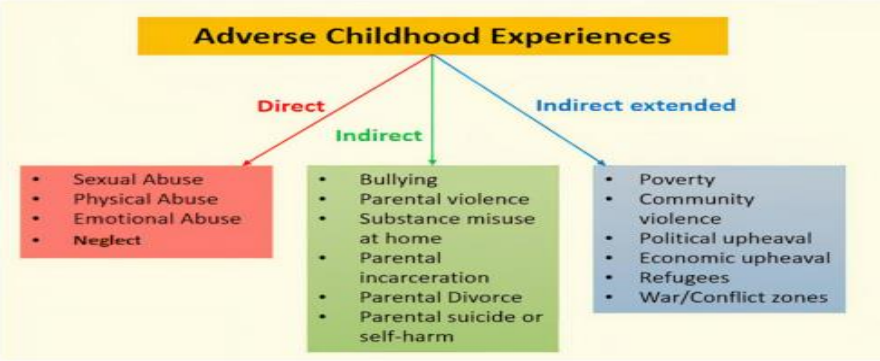
- depression,
- smoking,
- obesity,
- high-risk sexual behaviours,
- unintended pregnancy, and
- alcohol and drug misuse.

Beyond the health, social and educational consequences of child maltreatment, there is an economic impact, including costs of hospitalization, mental health treatment, child welfare, and longer-term health costs.

The following Figure 1 depicts different types of adversities- each attributing to the development during childhood to adulthood and beyond— affecting the family and society as a whole (Fernandes et al., 2021). It combines the risk factors attributing to child maltreatment - both direct and indirect influences.

Figure 1

Adverse Childhood Experiences (ACEs)



Source: Article on Prevalence of child maltreatment in India and its association with gender, urbanisation and policy: a rapid review and meta-analysis protocol (Fernandes et al., 2021).

Child Maltreatment in India

In India, child abuse is frequently a taboo subject, particularly when it involves family members or occurs at home. When it comes to abuse, the public domain—such as child labour, prostitution, child marriage, etc.—has typically received greater attention (Silbert & Pines, 1981; Stoltz et al., 2007; Majhoshev & Angelovski, 2016). The treatment of carers in institutions like government homes or schools has the potential to do significant emotional and mental harm to children, but it receives little attention. This is especially true of abuse that occurs within families.

Statement of the Problem

Child maltreatment is an important public health issue and determining its prevalence is critical to recognize the extent of the problem and mandate efforts to combat child abuse. In a nutshell, the treatment given to a child during their formative years and its impact on their physical health. emotional, psychological and sexual development is crucial in understanding when and if the behaviour of the parent or caregiver can be termed as maltreatment and what it entails.

Indian society in general with its collectivistic cultural ethos believes in collective parenting where the influence of extended family members in addition to the parents is also a huge influence on the parents' mindset to treat/parent the child in a certain way. This study proposes to explore the childhood caregiving experiences of emerging adults during their growing-up phase and to identify a trend, if any, like caregiving among Indian emerging adults during their formative years which may explain the functional or dysfunctional child-rearing practices prevalent.

Rationale for the Study

This study proposes to pave the way in throwing light on the extent of maltreatment that exists and to bring awareness to parents or caregivers on where we need to draw a line when it comes to treating children appropriately. In turn, it could facilitate in prioritizing setting up easily accessible support services for children and urgently address the need for improving the awareness surrounding this issue as it is a major public health challenge faced by the country.

Significance and Scope of the Present Study

This research will also look into what actions have been implemented by the Government Institutions in India both in the central and State Governments that are responsible for the prevention of child maltreatment. It proposes to focus on identifying dysfunctional patterns that may have lasting implications on a child's developmental milestones.

This research in addition to exploring gender differences in the treatment meted out to boys and girls aims to understand the Indian psyche and the role of police and law enforcement agencies in mitigating the crime rate which may emerge from the risk factors that contribute towards maltreatment.

The premise laid out by the study and the data can be reviewed by comparing child maltreatment among Indian emerging adults in the Indian diaspora in other countries, which could facilitate in identifying cross-cultural influences in child-rearing practices. Similarly, a comparative study identified similarities in child maltreatment among Indian Emerging Adults who have relocated to Singapore. A comparison of these two groups from a multicultural influence perspective would add value to research on parenting styles and their implications.

Scope of the problem. Child maltreatment is a global problem with serious life-long consequences. It is complex and difficult to study. Current estimates vary widely depending on the country (WHO, 2022) and the method of research used. Estimates depend on:

- the definitions of child maltreatment used;
- the type of child maltreatment studied;
- the coverage and quality of official statistics;
- the coverage and quality of surveys that request self-reports from victims, parents or caregivers.

Child maltreatment has often severe short- and long-term physical, sexual and mental health consequences. These include injuries, including head injuries and severe disability, in particular in young children; post-traumatic stress, anxiety, and depression, and sexually transmitted infections (STIs) including HIV. Adolescent girls may face additional health issues, including gynaecological disorders and unwanted pregnancy. Child maltreatment can affect

cognitive and academic performance and is strongly associated with alcohol and drug abuse and smoking – key risk factors for noncommunicable diseases (NCDs) such as cardiovascular diseases and cancer. Violence against children can be prevented. Preventing and responding to violence against children requires that efforts systematically address risk and protective factors at all four interrelated levels of risk (individual, relationship, community, society).

Review of Literature

Theoretical Framework and Review of Related Studies

Previous research has demonstrated that experiences of child maltreatment rarely occur in isolation and in fact, tend to cluster.

Umpunjun, Webb, and Morris (2024) did a systematic review and meta-analysis of incarcerated males, in 50 studies from Western countries comprising 48,648 individuals revealed that adverse childhood experiences (ACEs) are pervasive. Specifically, emotional neglect had the highest prevalence (38%, 95% CI 28–50%), while sexual abuse exhibited the lowest estimates (12%, 95% CI 8–16%). However, potential biases in the evidence may underestimate the true prevalence and nature of ACEs experienced. Further research is needed to comprehensively understand this phenomenon.

Han et al. (2024) conducted a longitudinal study where they explored the bidirectional temporal relationship between parenting stress and child maltreatment. The study involved 484 caregivers and 772 children. Using the ISPCAN Child Abuse Screening Tools-Trial (Parent) and the Parent Daily Report Scale, they found that parenting stress at an earlier time point predicted later child maltreatment. However, potential biases in measurements should be considered when interpreting these findings.

The study by St-Arnaud et al. (2024) investigated the association between childhood maltreatment and body mass index (BMI) in older adults with chronic illness. Despite childhood maltreatment not being significantly associated with BMI, individuals who were obese reported slightly more childhood trauma. However, this difference was not significant when controlling for potential confounding variables. The study also highlighted the greater symptoms of anxiety, depression, and stress associated with childhood maltreatment. Although these symptoms did not mediate the relationship between maltreatment and BMI, they were more severe in individuals with greater maltreatment experiences. The study's focus on BMI as a measure of body weight status may have limitations due to changing criteria for overweight and obesity with older age, and the 5-year follow-up period might not capture significant BMI changes.

The scoping review by Greenman et al. (2024) explored the role of attachment in explaining somatic symptoms among survivors of childhood trauma. The study found that insecure and disorganized attachment orientations were associated with various somatic symptoms in adults who experienced childhood trauma. Attachment patterns may mediate the link between traumatic experiences during childhood and somatic symptoms in adulthood. However, it's important to note that the sample sizes in the reviewed studies may not be sufficient for generalization, especially for clinical groups with heterogeneous somatic disorders. Additionally, the use of different methods to evaluate attachment and childhood traumatic events could introduce inconsistencies in the results.

Geraldine et al. (2024) investigated the relationship between childhood trauma and alcohol misuse in college students, a cross-sectional online survey was conducted with a sample of 1180 individuals aged 18–29 years. Researchers used the Childhood Trauma Questionnaire Short-Form (CTQ-SF) and the Alcohol Use Disorders Identification Test (AUDIT). Notably, the study found that unreported childhood abuse due to alcoholism amplified the impact of trauma. However, it's essential to consider that this study design cannot establish causality, and further research is needed to explore the mechanisms underlying this association.

Ghaffari (2024) explored the relationship between adverse childhood experiences (ACEs), social support, emotional regulation, and food addiction among 110 college students. Findings revealed a positive association between ACEs and food addiction. However, social support did not mediate this relationship. Individuals with a high BMI had greater early traumatic experiences and food addiction. Childhood maltreatment may lead to maladaptive coping through food. Limitations include limited gender diversity, cross-sectional data, and the inability to establish causal relationships.

The study by Zhang et al. (2022) found that physical abuse directly increases the risk of depression in children. Emotional abuse indirectly contributes to depression through negative self-image and negative thoughts. Additionally, physical abuse indirectly increases the risk of depression through negative thoughts. However, it's important to consider that the study has

limitations, including potential data bias and the relatively small number of follow-up studies (only two waves).

In their study, Steinert, Shukla, and Satish (2022) explored factors affecting adolescent girls' well-being during and after a violence-focused survey in Maharashtra, India. They collected data from 3049 samples of girls aged 13 to 18 years using the ISPCAN Child Abuse Screening Tool Children's Version (ICAST-C) and the World Health Organization instrument on violence against women. Notably, findings revealed that empathy from interviewers and choosing an audio self-interview format reduced participant distress. However, older interviewers were associated with lower distress, while home interviews and interviewers with higher education increased distress. The study acknowledges potential biases, including self-report bias and limited disclosure.

The study by Zheng et al. (2022) investigated the associations between childhood maltreatment and educational, health, and economic outcomes among middle-aged Chinese individuals. The research utilized a longitudinal design, pooling data from three waves of biennial surveys (2011, 2013, and 2015) to create a panel dataset from the China Health and Retirement Longitudinal Study (CHARLS). Key findings include childhood maltreatment, specifically physical abuse and emotional neglect, was significantly linked with lower educational achievement, reduced cognitive abilities, lower personal income, decreased household spending in midlife. These maltreatment experiences were also associated with increased instances of chronic illnesses, symptoms of depression, poverty, reliance on welfare. Physical abuse during childhood was additionally associated with difficulties in performing daily activities, unemployment, reduced working hours in adulthood. Exposure to relative poverty early in life increased the probability of experiencing maltreatment during childhood and facing adversities in midlife. However, it's essential to consider potential biases, including measurement bias and omitted variable bias.

Another article by Fernandes et al. (2021) termed any type of physical abuse and neglect, emotional abuse and neglect and sexual abuse in a uniform term known as "maltreatment". This article on a review protocol to provide a prevalence of child maltreatment in India with

considerations for any effects of gender; urbanisation (eg, urban vs rural) and legislation (Protection of Children from Sexual Offences (POCSO) Act 2012) classified the adverse childhood experiences that involved direct (sexual abuse, psychical abuse, neglect, emotional abuse), indirect (bullying, parental violence, substance misuse at home, parental incarceration, parental divorce, parental suicide or self-harm), and indirect extended (poverty, community violence, political upheaval, economic upheaval, economic upheaval, refugees, war/conflict zones) experiences (Fernandes et al., 2021). The sub-types were clearly articulated and reviewed which makes it the strength of this research.

The study by Noteboom et al. (2021) investigated the long-lasting impact of childhood trauma on adult chronic physical disorders. They utilized epidemiological cohort studies with NEMESIS-1 (7076 participants) and NEMESIS-2 (6646 participants) samples. Key findings include different forms of abuse (especially emotional neglect and psychological abuse) were interrelated. A higher childhood trauma (CT) score was associated with being female, lower educational level, single status, and reduced chance of having a paid job. Respondents with a higher CT score reported lifetime mood, anxiety, and substance use disorders, as well as less healthy lifestyles. Musculoskeletal and cardiometabolic disorders were most prevalent. No significant association was found between CT score and cardiometabolic disorders. Indirect associations between CT and digestive, musculoskeletal, and respiratory disorders through lifetime mood were observed. Rather than the presence of CT itself, the number and frequency of CT predicted the risk of developing one or more physical disorders in adulthood. However, limitations include the possibility of reverse causation, a relatively young population, and potential underestimation of CT prevalence.

In a quantitative-cohort study by Fleischer et al. (2021) investigated the relationship between childhood adversity and adult obesity in a population-based sample of 2,936 participants from the German adult population. Using measures such as the Childhood Trauma Screener (CTS) and Childhood Trauma Questionnaire (CTQ), they found that overall childhood maltreatment was associated with a higher waist-to-height ratio (WHtR) in both sexes. Emotional neglect and abuse had stronger impacts on WHtR in women, while physical neglect and abuse had stronger impacts in men. Interestingly, socioeconomic variables had a more

pronounced effect on WHtR in women, emphasizing the need for further exploration of the interplay between socioeconomic status and early life experiences. However, it's important to note that the study focused exclusively on the German population.

A study by Warmingham, Rogosch, and Cicchetti (2020) involved 378 low-income mothers from different ethnic backgrounds and 214 children who had experienced some form of maltreatment. The study utilized self-reported data, including the Child Trauma Questionnaire (CTQ), the Maternal Maltreatment Classification Interview (MICM), and the Beck Depression Inventory-II. Employing a structural equation model and ANOVA, the study found that mothers with a history of mistreatment were at a higher risk of having maltreated children and experiencing more depression themselves. Notably, the strength of this connection was represented by beta values (0.24 and 0.28, respectively). However, the study design couldn't directly confirm that a mother's abuse directly caused maltreatment in their children. Additionally, the research did not explore the specific factors that might explain how abuse is transmitted across generations.

The study by Najman et al. (2020) investigated agency notifications and retrospective self-reports of childhood maltreatment in a 30-year cohort. The research found very low concordance between agency notifications and self-reports of child maltreatment. Poor recall of maltreatment experiences in childhood was attributed to denial of past trauma and forgetting events that occurred at a young age. Measurement differences were also observed due to varying criteria between agency notifications and self-reports. The 30-year follow-up revealed that individuals may fail to recall their experiences of abuse or may deny that the abuse occurred.

An article by Roy and Madiki (2020) observed that "although India is advancing in its preventive approach towards child abuse, more sophisticated systems are to be developed to effectively identify vulnerable groups and bring them to safety". The article recommended developing culture-sensitive programs to prevent and deal with child abuse, framing policies to prevent child abuse, and ensuring their effective implementation at the local, state and national levels (Roy & Madiki, 2020).

In a cross-sectional survey conducted in Kerala, India, Kumar et al. (2019) explored child abuse prevalence using the International Society for the Prevention of Child Abuse and Neglect (ISPCAN) Child Abuse Screening Tool – Child, Home Version (ICAST-CH). Among adolescents, 90% reported some form of abuse, with 57.6% experiencing lifetime exposure to violence. Notably, the one-year prevalence of physical abuse was 70.8%, emotional abuse was 73.4%, and neglect was 66.9%. Sexual abuse was reported by 14% of females and a striking 34.2% of males. Factors such as family structure, religion, and gender influenced abuse rates. However, the study's focus on home settings limited its scope, and broader social contexts were not fully considered.

In a study on sexual violence against women and children in India based on the cases published in two newspapers Times of India and Hindustan Times (New Delhi Print Edition) in August 2018, it was found that in 54% of the cases reported in newspapers, victims are known to the accused, 69% of reported cases come under to the POCSO Act because that are related to children, and 96% of reported cases related to female victims and 4% were related to minor male victims (Gaur & Bhalla, 2019).

In a systematic review by Walsh et al. (2019) explored the relationship between childhood socioeconomic position and adverse childhood experiences (ACEs). The study included data from 6+35 studies and employed qualitative synthesis. Findings indicated that individuals from disadvantaged populations, such as the incarcerated and homeless, were more likely to have experienced ACEs. Moreover, individuals with multiple childhood adversities faced a significantly higher risk of various health problems later in life, including cancer, heart disease, mental illness, and self-harm. However, challenges related to inconsistent definitions of exposures and outcomes, as well as variations in study designs and sample sizes, hindered direct comparisons and synthesis across studies.

A study by Kumar et al., (2019) among 6957 adolescents in Kerala, India observed that a one-year prevalence of any abuse was 89.9% and pointed out that child maltreatment was widespread in which physical and emotional abuse were very common. It was also reported that across all the categories of abuse, the abuses were more reported among boys, children from nuclear families, and children from families that reported alcohol use than the respective counter

groups (Kumar et al., 2019). The same study also indicated that the abuse in one category was significantly associated with the other categories of abuse. The study also indicated that males and females did not differ significantly in exposure to violence, which was the core point of reviewing this literature as maltreatment is not to be classified only to a specific gender and this research will further validate this point.

The systematic review by Nöthling et al. (2019) explored epigenetic alterations associated with childhood trauma and adult mental health outcomes. The study found consistent associations between methylation of the glucocorticoid receptor NR3C1 gene (specifically at the NGFI-A binding site in exon 1F) and childhood trauma-related mood disorders. Additionally, differential methylation of genes such as SLC6A4, BDNF, OXTR, and FKBP5 was documented in relation to childhood trauma, suggesting a potential link between epigenetic modifications and trauma exposure. However, the variability in molecular methods used across studies may limit the interpretability and generalizability of these findings.

Community-based studies have reported the prevalence and overlap of childhood sexual, physical and emotional abuse, but in India, this has been limited. A systematic review by Choudhry et al. (2018) focused on one aspect of child maltreatment, Child Sexual Abuse (CSA) and detailed the high prevalence rates of CSA in Indian children. CSA does not occur in isolation and often co-occurs with other forms of child maltreatment in the same child (Choudhry et al., 2018).

In India, the data on child maltreatment across various states and settings are available but the data on ACEs are few. Recent studies have been able to identify the prevalence of ACEs in specific communities. Damodaran and Paul compiled data on ACEs and specifically, child maltreatment in youth based in Kerala (South India) and reported that in a sample of 600 young people, 91% had reported at least one ACE and over half the population reported three or more ACEs (Damodaran & Paul, 2018).

A systematic review of published articles from 2006 to 2016 on Child Sexual Abuse in India observed that though the majority of the studies reported that the CSA was high among both boys and girls, the prevalence rate among both groups varies in each study due to lack of

heterogeneity of study designs and lack of standardized assessments (Choudhry et al., 2018). The same review also indicated very poor physical, behavioural, social, and mental health outcomes of CSA in India (Choudhry et al., 2018).

A recent review article on ethical and definitional considerations in research on child sexual violence in India observed a clear lack of ethical considerations for conducting research related to Child Sexual Violence (CSV) in India like, lack of approval by ethical committees, lack of obtaining informed consent, lack of maintaining confidentiality, lack of providing necessary support service for reported assessing ongoing CSV risk, lack of safeguards to protect staff from the effects of conducting CSV research, and limited surveillance of CSV to one form of abuse and/or used a "loaded term," increasing the potential for underreporting (Dayal et al., 2018). This systematic review recommends reporting protocols and future guidelines for CSV research in India.

A Study on Sexual Abuse of Children and Youth in India reported that sexual abuse offences against children and youth in India have increased because lack of effectiveness of laws related to sexual offences against children and youth (Chandar & Kannappan, 2018).

In a longitudinal study Curry (2017) childhood experiences were linked to housing insecurity in adulthood. Analyzing data from Waves 1, 3, and 4 of the National Longitudinal Study of Adolescent to Adult Health, the study included 11,764 individuals. Emotional abuse during childhood had a significant impact: experiencing it more than ten times increased the odds of housing insecurity in adulthood by approximately 39%. However, the study's generalizability is affected by attrition between waves and reliance on existing data during an economic recession (Wave 4 in 2008).

In their study conducted in Nepal, Kandel et al. (2017) investigated child maltreatment prevalence and associated factors. The study included data from 13,000 households across 520 sample enumeration areas, focusing on physical punishment and various child abuse-related acts involving 5,081 children aged 3–14 years. The researchers designed 11 specific questions for data collection. The findings revealed that approximately every second child experienced physical punishment. Several risk factors were identified, including age, father's absence,

predisposition toward violence, household beliefs, and ethnicity. Protective factors included being female and having older mothers. However, causality cannot be inferred from this study, and certain factors (e.g., quality of parent-child relationships, parental perception of the child) were not fully considered. Further research is needed to explore these complexities comprehensively.

Sacks et al. (2017) examined the relationship between childhood maltreatment and BMI trajectory. The study included 13,362 adolescents from the National Longitudinal Study of Adolescent to Adult Health (Wave I [1994–1995] to Wave IV [2008–2009]). Latent class analysis revealed four maltreatment classes: high abuse and neglect, physical abuse dominant, supervisory neglect dominant, and no/low maltreatment. In girls, supervisory neglect and physical abuse were associated with a faster increase in Body Mass Index (BMI). In boys, high abuse and neglect were marginally associated with a higher BMI at baseline. Depression mediated the association with physical abuse in girls. However, the study lacked information on pubertal onset, which may have impacted BMI trajectories.

In their study on child maltreatment in Germany, Witt, Brown, Plener, Brähler, and Fegert (2017) found that women experienced higher instances of sexual and emotional abuse compared to men. Childhood maltreatment was associated with unemployment and lower education levels. The most common maltreatment combinations included physical and emotional neglect, as well as a combination of all five types of maltreatment. Participants aged 70 and above reported the highest prevalence (50.4%), while those aged 14-19 years reported the least (13.4%). Rates of maltreatment remained fairly consistent among participants aged 20-69 years. Notably, physical neglect was most prevalent among those over 70 years. Emotional and sexual abuse rates were highest in the 40-49 year age group. The study's limitations include representativeness and the absence of clinical interviews.

A comparative study between Qatar and Palestine young adults using IPSCAN'S ICAST-R tool found that the incidence of physical abuse and emotional abuse were lower in Qatar emerging adults than in their counterparts in Palestine (Eldeeb, et al., 2016).

In their cross-sectional quantitative observational study, Snyder and Merritt (2016) investigated the effect of childhood supervisory neglect on emerging adults' drinking behaviors. The study included 11,117 participants aged 18-25 years from Wave III of the National Longitudinal Study of Adolescent Health (Add Health). Using latent class analysis, separate analyses were conducted for males and females due to their varying rates of alcohol consumption and risk behaviors. The findings revealed that child supervisory neglect more than doubled the odds of membership in the multiple-risk drinkers class compared to low-risk drinkers or abstainers for both genders. However, the study's reliance on cross-sectional data limits our ability to establish causal relationships between childhood supervisory neglect and alcohol use behaviors over time.

In a retrospective community-based study by Dar et al. (2015), they conducted across 18 localities/villages in Kashmir, researchers examined the association between adult mental health problems and childhood trauma. The study included 3137 individuals from 2436 households. Data collection involved the Life Event Checklist and a semi-structured interview using the Mini International questionnaire. The findings indicated a higher prevalence of mental health problems related to childhood trauma in females aged 5–17. Notably, post-trauma morbidity was significantly chronic and long-lasting. The study underscores the importance of long-term psychiatric screening, care, and support for individuals who have experienced childhood trauma. However, it's essential to acknowledge that the study faced limitations due to resource constraints, topography, manpower, and time. Additionally, extreme seasonal variations further restricted the study's total duration and reach.

In their quantitative study, Charak and Koot (2014) explored the association between threat-related adverse childhood experiences and chronic lung diseases in a middle and older-aged population in China. The study included 702 adolescents aged 13-17 years and utilized the Childhood Trauma Questionnaire (CTQ). Findings revealed that 41-61% of adolescents reported maltreatment, which was higher compared to studies using the CTQ in Western countries. Males, adolescents with less educated mothers, and those from joint families reported higher levels of abuse and neglect. Notably, sexual abuse was associated with adolescents from joint families. However, the use of joint family structure as a proxy for household density may have limitations.

The study also acknowledged limitations related to the diversity of the sample, particularly in terms of socio-economic status and parental attitudes.

Romano et al. (2014) conducted an article review based on 16 empirical articles and four research syntheses. Their findings suggest that children with maltreatment histories often face challenges in academic achievement and mental well-being. The disruption of key developmental processes, including attachment, emotion regulation, and a sense of agency, may contribute to the link between childhood maltreatment and educational outcomes. However, some factors influencing this relationship, such as the functioning of various systems (e.g., family, school, child welfare), remain understudied, limiting our comprehensive understanding of these dynamics.

A review study on Child Sexual Abuse in India by Carson et al. (2013) pointed out that CSA is a grave and extensive problem in India, and empirical evidence shows that the incidence rate of CSA in India is much higher and varies across the states and regions in India. The other major observations of this review article were sexual abuse is often associated with other forms of abuse, girl children and adolescents are more vulnerable to sexual abuse, sexual exploitation of children and adolescents is highly associated with poverty, and sexual abuse of children is prevalent in families across various socio-economic status and religions (Carson et al., 2013). The same study ended with few recommendations as the need for Government and NGO-level intervention services for the prevention of CSA and counselling services for the victims.

The systematic review and meta-analysis by Danese and Tan (2013) examined the relationship between childhood maltreatment and obesity. Based on 41 studies with a total of 190,285 participants, they found that childhood maltreatment was associated with an elevated risk of developing obesity over the life course, with an odds ratio of 1.36 (95% confidence interval: 1.26–1.47). Meta-regression analyses indicated that this association was stronger in studies with more female participants and more white participants. However, it’s important to consider potential biases, including publication bias, individual study effects, reverse causality, confounding, and residual biases.

Jonson-Reid, Kohl, and Drake (2012) examined child and adult outcomes of chronic child maltreatment in a longitudinal research study. The study included 5,994 children, drawn from a larger longitudinal project that encompassed both children reported for maltreatment and comparison children. The findings shed light on the long-term impact of childhood maltreatment on subsequent health and behavioral outcomes in adulthood.

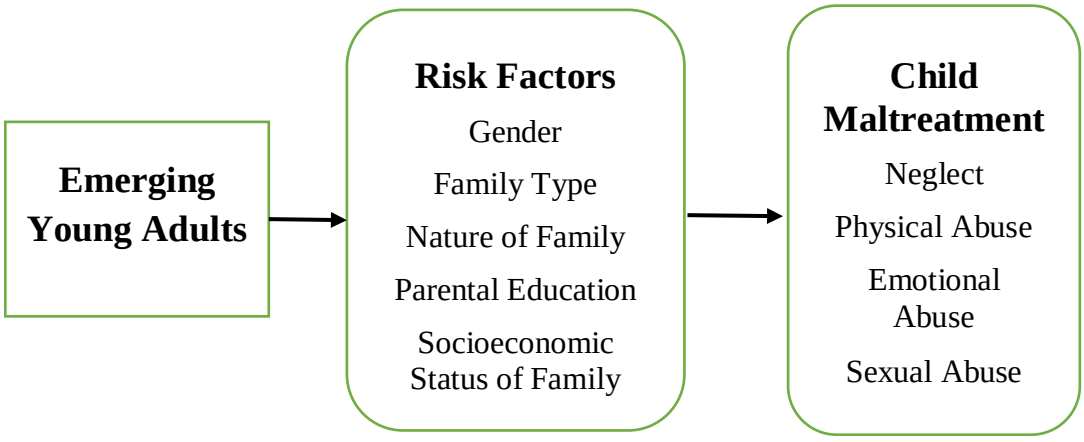
In a cross-sectional study by Singh et al. (2012) involving 436 Indian college students aged 18–25, researchers investigated the association between early trauma and suicidal risk. The study utilized the Beck's Hopelessness Scale, Parental Bonding Instrument, and Early Trauma Inventory-Self Report (Short Form). Findings revealed that physical abuse was the most common form of early trauma, affecting both males and females. Males reported significantly more traumatic experiences across all domains. Affectionless control, a pathogenic form of parent-child bonding, was prevalent. A moderate association existed between suicidal risk and early trauma exposure. Respondents with affectionless parental control and neglectful parenting exhibited higher suicidal ideation and hopelessness. However, it's important to note that the study relied on retrospective reporting of adverse childhood experiences, which may lead to underestimation due to recall bias.

Felitti and colleagues found a strong graded relationship between exposure to abuse or dysfunction during childhood and multiple risk factors for mortality in adulthood (Felitti et al., 1998). Adverse Childhood Experiences (ACEs) have been associated with non-communicable conditions such as cardiovascular disease, cancer or mental illness.

Conceptual Framework

Figure 2

Conceptual Framework



Methods

Aim

To study and explore retrospectively the prevalence and nature of child maltreatment among Indian Emerging adults.

Specific Objectives

1. To explore the nature and prevalence of neglect, physical abuse, emotional abuse, and sexual abuse among male and female Indian Emerging Adults as experienced retrospectively.
2. To explore the gender difference in the extent of neglect, physical abuse, emotional abuse, and sexual abuse experienced by male and female Indian Emerging Adults as experienced retrospectively.
3. To study the influence of family type (Joint/Nuclear) on neglect, physical abuse, emotional abuse, and sexual abuse among male and female Indian Emerging Adults as experienced retrospectively.
4. To study the influence of Nature of Family (Heterodox/Orthodox) on neglect, physical abuse, emotional abuse, and sexual abuse among male and female Indian Emerging Adults as experienced retrospectively.
5. To study the influence of parental education on neglect, physical abuse, emotional abuse, and sexual abuse among male and female Indian Emerging Adults as experienced retrospectively.
6. To study the influence of the socioeconomic status of the family on neglect, physical abuse, emotional abuse, and sexual abuse among male and female Indian Emerging Adults as experienced retrospectively.
7. To study the influence of culture/ethnicity on neglect, physical abuse, emotional abuse, and sexual abuse among male and female Indian Emerging Adults as experienced retrospectively.

8. To study the influence of the nature of the place born and brought up on neglect, physical abuse, emotional abuse, and sexual abuse among male and female Indian Emerging Adults as experienced retrospectively.
9. To study the influence of the current area of living on neglect, physical abuse, emotional abuse, and sexual abuse among male and female Indian Emerging Adults as experienced retrospectively.
10. To explore the significant predictors of child maltreatment among male and female Indian Emerging Adults experienced retrospectively.

Hypothesis

1. There will be a significant gender difference in the extent of neglect, physical abuse, emotional abuse, and sexual abuse among male and female Indian Emerging Adults as experienced retrospectively.
2. There will be a significant difference in the extent of neglect, physical abuse, emotional abuse, and sexual abuse based on family type among male and female Indian Emerging Adults as experienced retrospectively.
3. There will be a significant difference in the extent of neglect, physical abuse, emotional abuse, and sexual abuse based on nature of family among male and female Indian Emerging Adults as experienced retrospectively.
4. There will be a significant difference in the extent of physical abuse, emotional abuse, and sexual abuse based on parental education among male and female Indian Emerging Adults as experienced retrospectively.
5. There will be a significant difference in the extent of neglect, physical abuse, emotional abuse, and sexual abuse based on the socioeconomic status of family among male and female Indian Emerging Adults as experienced retrospectively.
6. There will be a significant difference in the extent of neglect, physical abuse, emotional abuse, and sexual abuse based on culture/ethnicity among male and female Indian Emerging Adults as experienced retrospectively.

7. There will be a significant difference in the extent of neglect, physical abuse, emotional abuse, and sexual abuse based on the nature of the place born and brought up among male and female Indian Emerging Adults as experienced retrospectively.
8. There will be a significant difference in the extent of neglect, physical abuse, emotional abuse, and sexual abuse based on the current area of living among male and female Indian Emerging Adults as experienced retrospectively.
9. The socio-demographic variables significantly predict child maltreatment among male and female Indian Emerging Adults experienced retrospectively.

Research Design

This cross-sectional study adopted a Non-Experimental Comparative Research Design as it helps to collect data from a large population at a particular time period to acquire information related to their particular characteristics and retrospective information quickly. This design allows the comparison of child maltreatment as experienced by emerging young adults retrospectively across various categories based on the gender, type of family, nature of family, parental education, socio-economic status of family, and ethnicity/culture.

Variables

- Independent Variables – Gender, Parental Education, Family Type, Nature of Family, Socioeconomic Status of Family, and Culture/Ethnicity, Nature of the Place Born and Brought-up, Current Area of Living
- Dependent Variables- Neglect and Abuse (Physical, Emotional and Sexual)

Operational Definitions

Child maltreatment. All forms of physical and emotional ill-treatment, sexual abuse, neglect, and exploitation that result in actual or potential harm to the child's health, development or dignity.

Neglect. Neglect is a failure to meet the child's basic needs, e.g., not providing enough food, shelter or basic supervision, necessary medical or mental health treatment, adequate education or emotional comfort.

Physical abuse. It happens when a child is hurt or harmed deliberately causing injuries such as bruises, burns, cuts and broken bones. The terms used specifically are, kicking, shaking, slapping, throwing, poisoning or drowning.

Sexual abuse. Sexual abuse happens when a child is forced or tricked into sexual activities. It happens when an abused makes physical contact with a child and includes inappropriate touching, kissing and or non-contact abuse which includes exposing or flashing,

Emotional abuse. It includes acts that humiliate a child by constantly criticizing them, insulting or shouting at them, blaming and making them a scapegoat or manipulating a child, not allowing them to have friends or never saying anything kind or positive or congratulatory to a child. It perpetuates the feeling that a child is not loved, is worthless or inadequate.

Emerging adults. Emerging adults in this study include male and female young adults who are falling in the age range of 18-24 years

Sample

This study's population was emerging adults in India aged 18-24. The samples were selected from the Indian emerging adult population in more than two regions of the country majorly from southern, northern and eastern zones. The sample size was 289. The samples were selected using non-random convenience and snowball sampling methods.

Inclusion and Exclusion Criteria

- Indian Male and female emerging adults who reside in India
- Male and female emerging adults in the age range of 18-24 years.
- Male and female emerging adults who are well-versed with English.
- Male and female emerging adults who are not undergoing treatment/ therapy for any psychological trauma ailment or medical conditions.
- Male and female emerging adults who have completed their Class 12^{th}/ PU under any of the School Certification Boards in India.
- Male and female emerging adults who have completed Grade 12 or its counterpart as certified for schools in Singapore.

- Male and female Emerging adults who give their complete consent to partake in the study.

Tools for Data Collection

The social-demographic profiles of the participants were collected using a structured questionnaire. The questionnaire/Scale administered to the sample to measure Child Maltreatment retrospectively was the ISPCAN Questionnaire for Young Adults (aged 18-24 years) V3.0 (c) copyright 2015 by ISPCAN (Runyan et al., 2015).

ISPCAN Questionnaire. The ICAST is a self-report measure to assess child abuse prevalence and frequency. There are three ICAST tools: a child version for ages 11-18 (ICAST-C), a parent version (ICAST-P) and a young adults' retrospective version (ICAST-R).

The present proposal is to use the ICAST-R which is used with young adults to measure the prevalence of physical, emotional and sexual child abuse, and neglect in childhood by any perpetrator. It contains 36 (ICAST-R) items. The ICAST was developed for use internationally and different versions have amongst others been used in Saudi Arabia, Columbia, India, Russia, Iceland, Egypt, Lebanon, Malaysia, Kyrgyzstan, Democratic Republic of Congo, Uganda, Taiwan, China, Macedonia, Montenegro, Greece, Kenya, Zimbabwe and South Korea.

Validity. Validity needs to be further explored. Recent investigations with the Chinese language version and Korean language versions of the ICAST-R found acceptable construct validity 0.4.

Reliability. Internal consistency for the ICAST-R was moderate to high with Cronbach's alpha at .82 (sexual abuse), .61 (physical abuse) and .63 (emotional abuse). Item total-correlations within a Chinese sample ranged from .53-.82 which is deemed acceptable.

Validly measuring trends. The ICAST is primarily a screening tool which is being used in cross-sectional surveys. It has been used successfully in the pre-post-test of a parenting intervention in South Africa. The ICAST is currently being used in the cluster-randomized trial of the Good Schools Toolkit in Uganda and the individually randomized trial of the Sinovuyo Caring Families Intervention in South Africa. An adapted version for trial use (ICAST-TRIAL) is currently being used in the evaluation of the Sinovuyo Teen Programme in South Africa.

Scoring. The scoring methodology for the ICAST-R aligns with that of a survey and employs a multiple-choice format, allowing participants to select among various options provided. The scoring process evaluates participants' responses across four categories: neglect, physical abuse, emotional abuse, and sexual abuse. Each category's score is derived from the individual responses to specific items, and the mean score is calculated by aggregating the responses for each respective category.

Procedure for Data Collection

The data were collected from the selected participants using the above specified tools. Initially the purpose of the study and nature of the data collection process were explained to the selected participants and obtained their written consent for take part in the study by ensuring all ethical aspects and support to them. The procedure for administration of the ICAST-R tool laid out in the manual in detail (Appendix 1). The completion time of the ICAST-R varied from 30 to 45 minutes depending on interviewer style and victimization experience. The tools were completed by the participants themselves or by an interviewer- the interviewer was allowed to take a call based on how comfortable the participant is with answering the questionnaire and how comfortable the participant is with the English language.

Procedure for Data Analysis

Data was transferred from the study on a regular basis, adhering closely to the detailed instructions outlined in the manual. The data was processed systematically while upholding transparency throughout the procedure. A comprehensive descriptive analysis was conducted on the processed data, which included calculations of frequency and percentages to elucidate the nature and prevalence of physical, emotional, and sexual abuse, as well as instances of neglect among emerging adults in India. For the inferential statistical analysis, the Independent Sample t-Test and the Kruskal-Wallis H Test were utilized to assess mean differences in neglect, physical abuse, emotional abuse, and sexual abuse, considering factors such as gender, family structure, family dynamics, parental education, socio-economic status, and ethnic or cultural background. Furthermore, linear regression analysis was performed using dummy predictor variables to identify significant predictors of neglect, physical abuse, emotional abuse, and sexual abuse.

Ethical Considerations

Ethical considerations related to the conduction of the study. The proposal was submitted to the Institutional Review Board (IRB) for ethical approval and clearance. The cultural, religious, gender and other differences of the participants were dealt with respectfully. The written informed consent form (Refer to appendix 4) was taken from the participants by informing them about the research and data collection process along with the time required for the interview. Voluntary participation was ensured and participants were given the right to withdraw their consent at any point of time during this study. The ICAST-R is for 18–24-year-olds and hence as per the Indian laws- the participant is an adult- i.e., he/ she is responsible enough to take his or her decisions and thereby free to consent and partake in the study. The data collected were kept anonymous and confidential- under no circumstance will the identity of the participant be revealed. The personal data that is collected as part of the study were kept confidential and provide a unique number for each participant in place of their data. Also, the information provided by the adults on child maltreatment were not be disclosed to their family members. If it is required to disclose in any critical situation to either their family members or a professional, it will be done with the consent of the participant.

If the participant experiences or expresses distress on answering any of the questions/ items in the tool- the interview terminated and the interviewer ensure that there is a redressal provided to the concern or that the participant is referred to a registered Psychologist/ Counsellor / Practitioner. A list of registered psychologists/counsellors / Practitioners for referral services was kept ready. The participants have access to any information they may seek such as information regarding their results or any clarifications and they were encouraged to clarify any doubts ranging from clarifications regarding the questions in the questionnaire to the doubts relating to the usage of their data.

Ethical considerations related to training for data enumerators. The data enumerators were the research scholars who have pursued Psychology during their Undergraduate and Postgraduate courses and were chosen/ recruited after a preliminary thorough selection based on the characteristics required. Given the sensitive nature of the ICAST topics, they received training on issues such as (a) Confidentiality, (b) Protection of data (how will data

be stored to protect confidentiality?), (c) Sensitivity to issues of family violence, (d) Supervision/ debriefing, and (e) Ongoing support- research team members may be affected. Plan for crisis intervention or psychological counselling if necessary were made carefully. Regular team meetings with opportunities for debriefing were conducted throughout the period.

Ethical considerations related to reporting, sharing and storing data. The anonymity of the participants was assured. Identifying information were not be revealed or mentioned anywhere in the report or papers. The composite stories/profiles were used so that individuals cannot be identified by anyone else. The data collected would be strictly used for educational and research purposes only. The Research Investigator/s were the custodian for the entire data and the entire data will be kept for at least five years. Though the data will be available for future research, it will be used only with the unique number and/or composite profiles instead of the personal data of each sample. During the analysis, the results will be reported as it is obtained from the study and report contrary findings if any. All relevant ethical concerns related to publication such as (a) Avoid falsifying the results, (b) Avoid plagiarism, (c) Use unbiased language while reporting the results, (d) Avoid piecemeal publication, and (e) Provide authorship/acknowledgement based on the significant contribution.

Results and Analysis

Descriptive Analysis of Characteristics & Background of Participants

This section illustrates the results and analysis of the data collected for this study. The analysis of the data was carried out using descriptive analysis such as frequency and percentage and inferential analysis such as the Chi-square Association test to study the proposed objectives and hypothesis. The appropriate graphical representations of the analysis were also attached along with each result. The section starts with the description of the participants of the study followed by the results and analysis of the following proposed objectives.

1. To explore the nature and prevalence of neglect, physical abuse, emotional abuse, and sexual abuse among male and female Indian Emerging Adults as experienced retrospectively.
2. To explore the gender difference in the extent of neglect, physical abuse, emotional abuse, and sexual abuse experienced by male and female Indian Emerging Adults as experienced retrospectively.
3. To study the influence of family type (Joint/Nuclear) on neglect, physical abuse, emotional abuse, and sexual abuse among male and female Indian Emerging Adults as experienced retrospectively.
4. To study the influence of the Nature of Family (Heterodox/Orthodox) on neglect, physical abuse, emotional abuse, and sexual abuse among male and female Indian Emerging Adults as experienced retrospectively.
5. To study the influence of parental education on neglect, physical abuse, emotional abuse, and sexual abuse among male and female Indian Emerging Adults as experienced retrospectively.
6. To study the influence of the socioeconomic status of the family on neglect, physical abuse, emotional abuse, and sexual abuse among male and female Indian Emerging Adults as experienced retrospectively.

7. To study the influence of culture/ethnicity on neglect, physical abuse, emotional abuse, and sexual abuse among male and female Indian Emerging Adults as experienced retrospectively.
8. To study the influence of the nature of the place born and brought up on neglect, physical abuse, emotional abuse, and sexual abuse among male and female Indian Emerging Adults as experienced retrospectively.
9. To study the influence of the current area of living on neglect, physical abuse, emotional abuse, and sexual abuse among male and female Indian Emerging Adults as experienced retrospectively.
10. To explore the significant predictors of child maltreatment among male and female Indian Emerging Adults as experienced retrospectively.

Table 1

Basic Profile of Participants (n=289)

Basic Profile	Number	Percentage
Gender		
Male	146	50.5
Female	141	48.8
Prefer Not to Say	2	0.7
Highest Educational Qualification		
10^{th}	1	0.3
12th/PUC	128	44.3
UG	127	43.9
PG	33	11.4
Current Occupational Status		
Studying	247	85.5
Studying & Working Part-time	29	10.0
Working	12	4.2
Neither Studying nor Working	1	0.3

The current study was conducted among 289 emerging young adults of which 146 were males, 141 were females, and two were not preferred to say their gender. The majority of the

participants had the highest educational qualifications such as 12th/PUC (44.3%) and UG (43.9%). The current occupational status shows that 85.5% of the participants were currently studying for various courses at the undergraduate and postgraduate levels. These data are illustrated in Table 1 and Figures 3, 4 and 5 respectively.

Figure 3

Gender Distribution of Participants

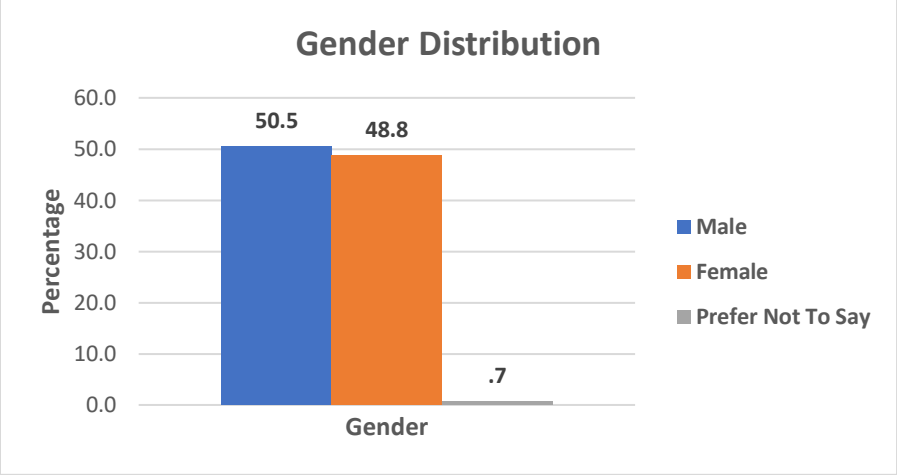


Figure 4

Highest Educational Qualification of Participants

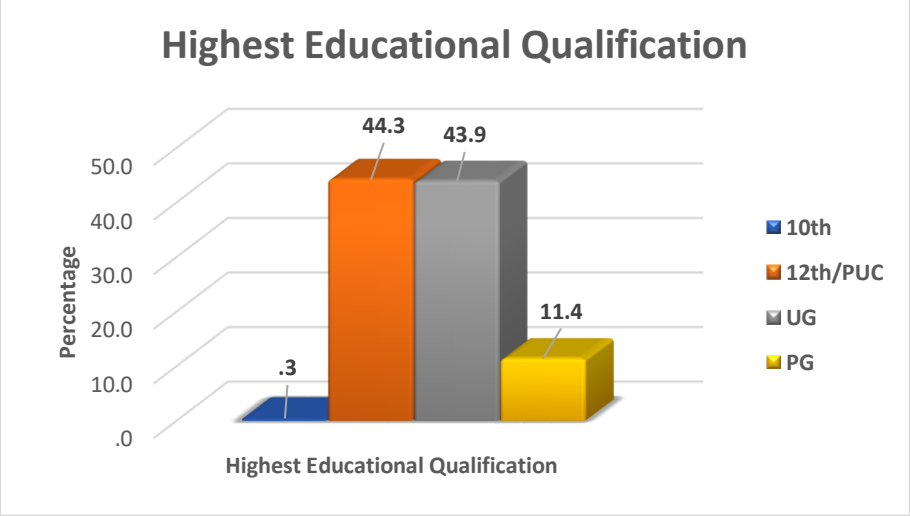


Figure 5

Current Occupational Status of Participants

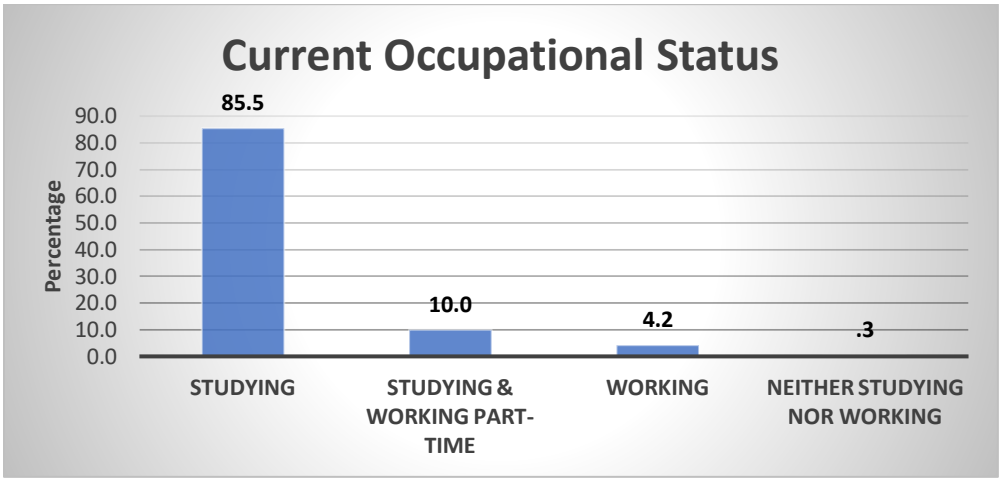


Table 2

Demographic Profile of Participants (n=289)

Demographic Profile	Number	Percentage
Born and brought up in		
On a farm, or in a small village	112	38.8
A town or small city	117	40.5
A big city	60	20.8
Current Area of Living		
Rural	111	38.4
Semi-Urban	88	30.4
Urban	90	31.1
Current Residence - Zone of the Country		
Southern Zone	200	69.2
Central Zone	4	1.4
Northern Zone	32	11.1
Eastern Zone	47	16.3
Western Zone	6	2.1

The demographic profile of the particpants were illustarted in table 2 under the criteria such as where the participants born and brought, their current area of living and current residence based on the zone of the country. Fourty percentage of the participants were born and brought up

in a town or small city where 38.8% were on a farm or in a small village and remaining 20.8 % were in a big city. However, the distribution of the participants based on their current area of living was approximately equal from rural (38.4%), semi-urban (30.4%), and urban (31.1%) areas. The zone wise distribution is varied and majority of the participants (69.2%) were from Southern Zone of the Country. The figures 6, 7, and 8 depict the details of the demographic profile of the participants.

Figure 6

Participants Born and Brought up in

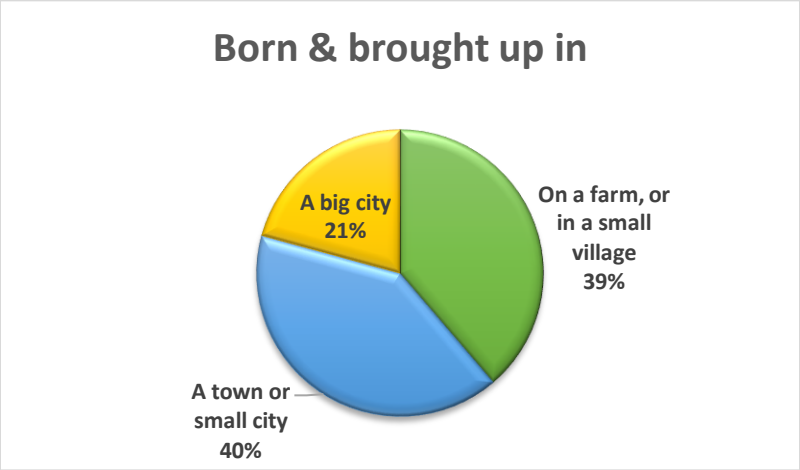


Figure 7

Current Area of Living

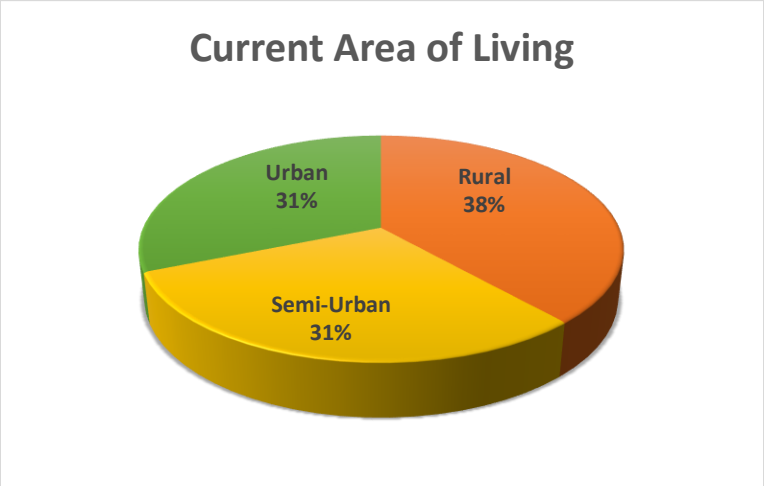


Figure 8

Participants Born and Brought up in

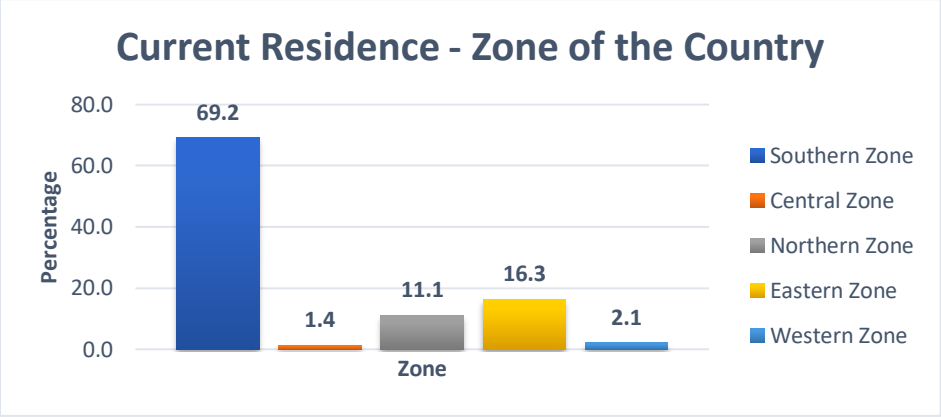


Table 3

Social and Cultural Profile of Participants (n=289)

Social and Cultural Profile	Number	Percentage
Socioeconomic Status of Family		
Lower Class	1	0.3
Upper Lower Class	56	19.4
Lower Middle Class	91	31.5
Upper Middle Class	94	32.5
Upper Class	47	16.3
Religion		
Christian	150	51.9
Hindu	122	42.2
Muslim	15	5.2
Prefer Not to Say / No Religion	2	0.7
Types of belief		
Theist	225	77.9
Antitheist	14	4.8
Agnostic	49	17.0
Prefer Not to Say	1	0.3
Ethnicity		
Dravidians	190	65.7
Indo-Aryans	75	26.0
Mongoloid and Other Minority Groups	24	8.3

The socio-cultural profile of the participants shows that majority are belongs to either lower middle or upper middle class (64%) followed by lower class (19.7%), and upper class (16.3%). Among the total participants of the study, 51.9% are Christians and 42.2% are Hindus. Types of belief shows that most of them are theist (77.9%). With respect to the ethnic background, 65.7% of the participants are belongs to Dravidians, followed by Indo-Aryans (26%), Mongoloid and Other Minority Groups (8.3%). The following figures 9, 10, 11, and 12 illustrates the details of the socio-cultural background of the participants.

Figure 9

Socio-economic Status of Family of the Participants

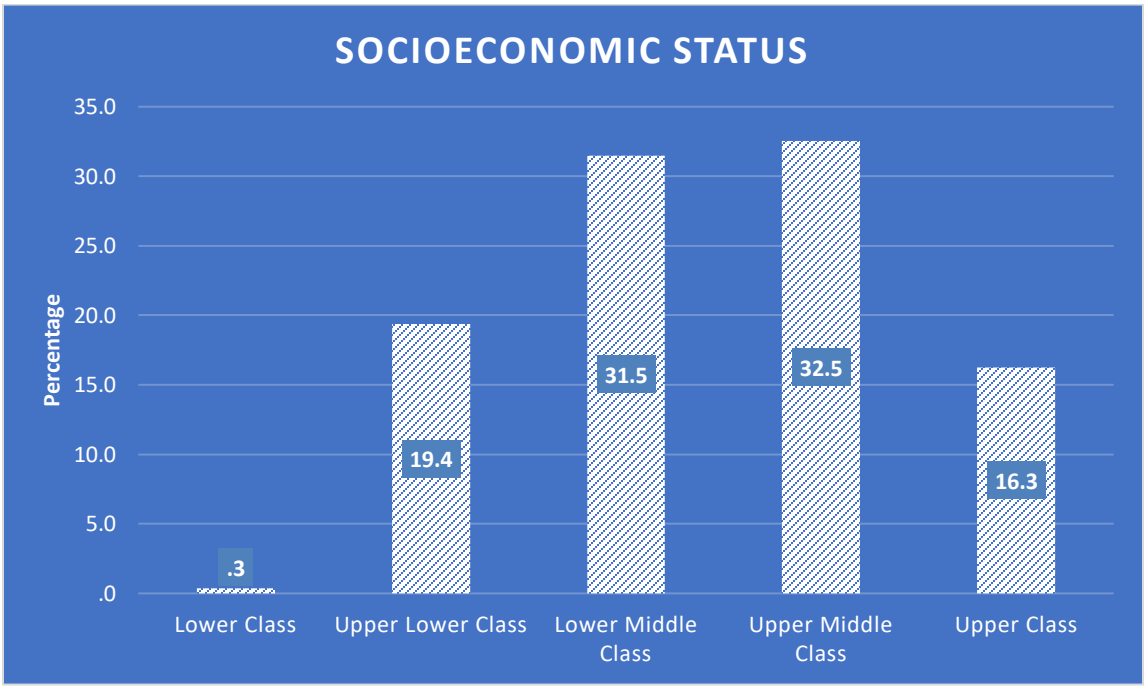


Figure 10

Religion of the Participants

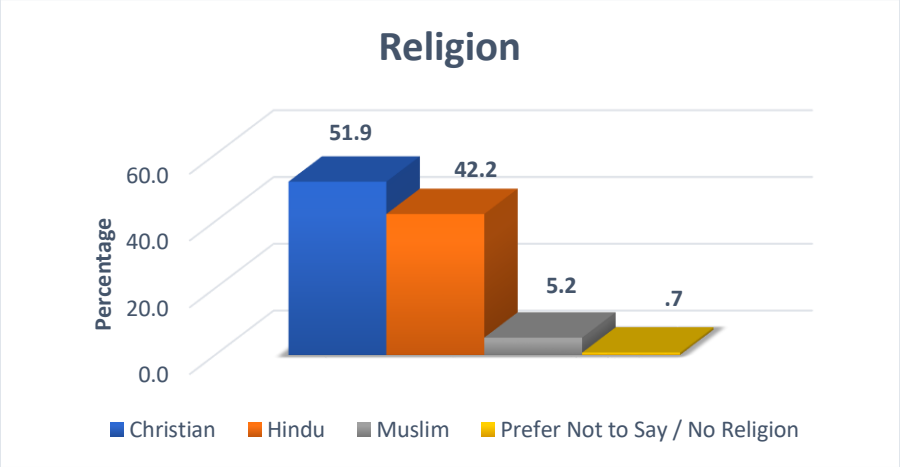


Figure 11

Types of Belief of the Participants

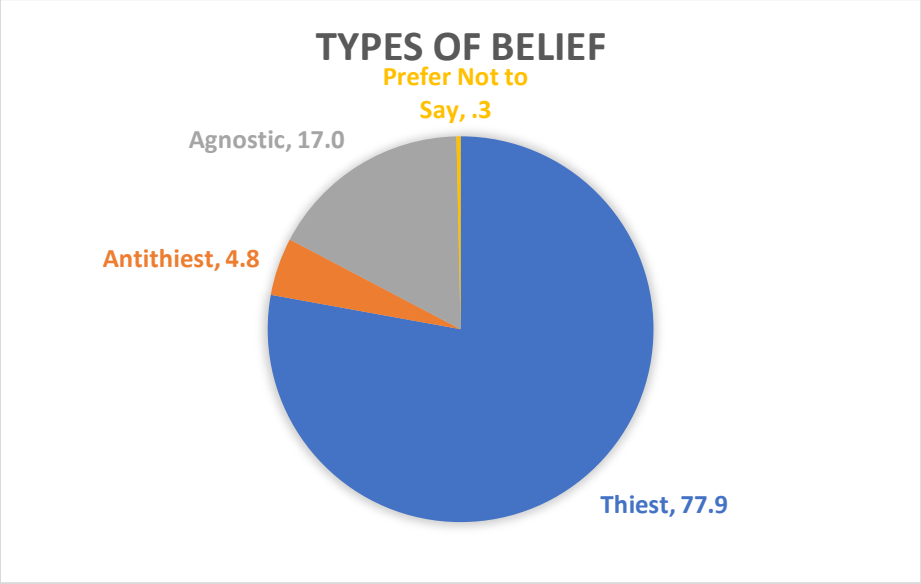


Figure 12

Ethnicity of the Participants

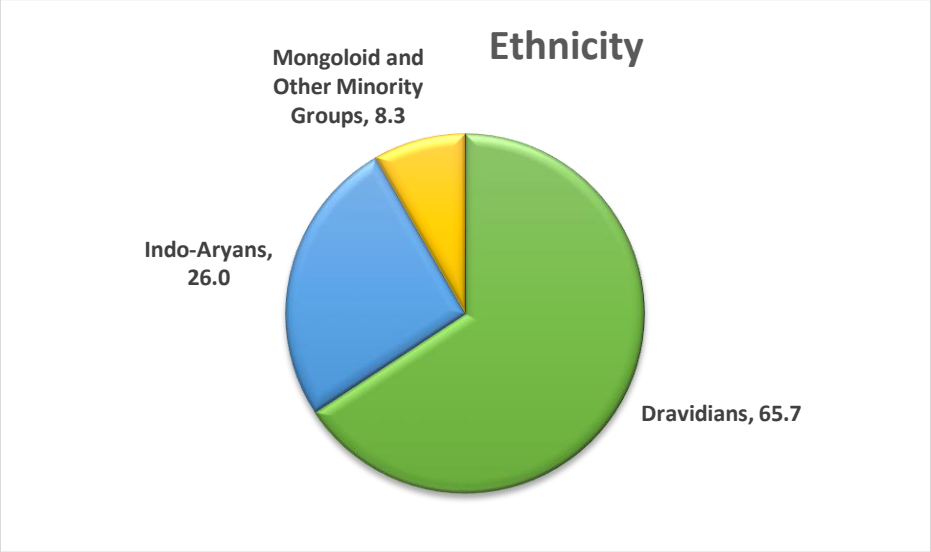


Table 4

Family Profile of Participants (n=289)

Family Profile	Number	Percentage
Type of Family		
Nuclear	209	72.3
Joint	80	27.7
Nature of Family		
Orthodox	74	25.6
Heterodox	215	74.4
Father's Education (Highest)		
Illiterate	9	3.1
Primary School	13	4.5
Middle School	35	12.1
High School	124	42.9
Intermediate or diploma	21	7.3
Graduate	55	19.0
Professional Degree	32	11.1
Mother's Education (Highest)		
Illiterate	14	4.8
Primary School	15	5.2

Middle School	29	10.0
High School	108	37.4
Intermediate or diploma	14	4.8
Graduate	61	21.1
Professional Degree	48	16.6
Siblings		
Yes	233	80.6
No	56	19.4

Table 4 describes the family profile of the participants. Among the total participants, 72.3% are from nuclear family and 23.7% are from joint family. The nature of family shows that majority are from heterodox family (74.4%) back ground and remaining are from orthodox family (25.6%) background. The parental education data shows that though the majority of fathers and mothers have highest education as high school, the more mothers (37.7%) were having higher education status such as graduation or professional degree than fathers (30.1%). Out of 289 participants, 80.6 % have siblings.

Figure 13

Distribution of Participants based on Type of Family

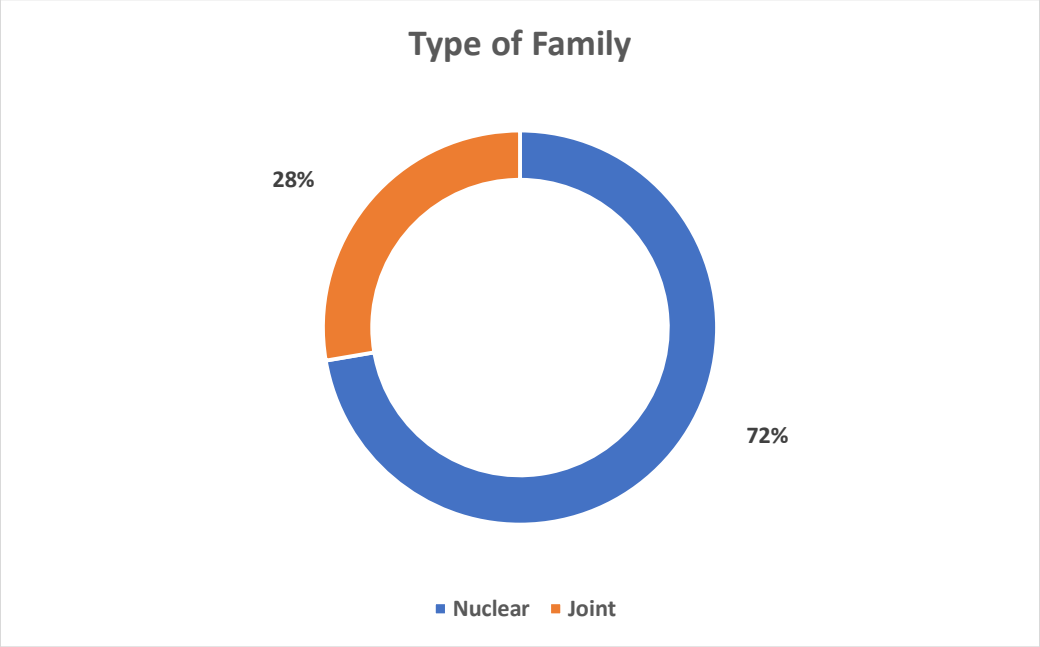


Figure 14

Distribution of Participants based on Nature of Family

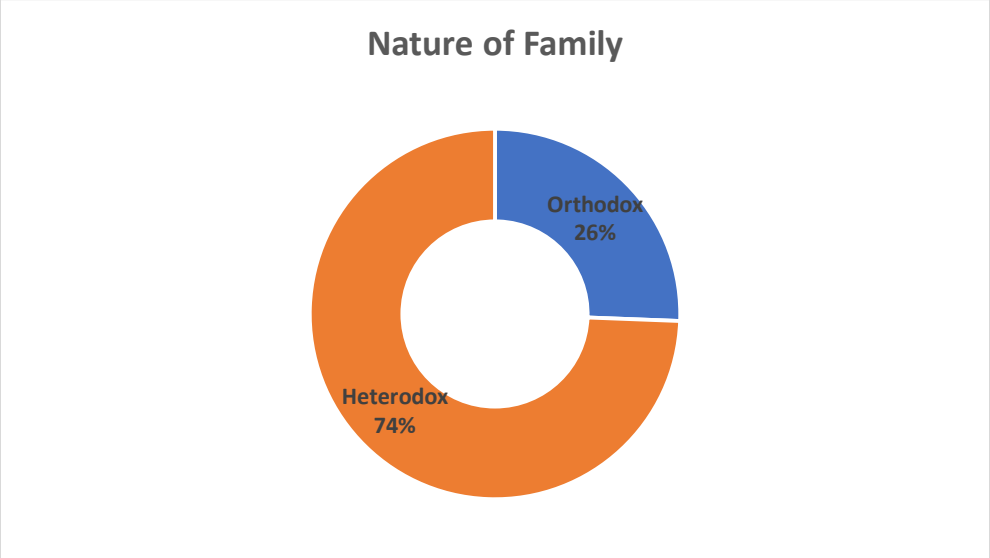


Figure 15

Distribution of Participants based on Parental Educational Qualification

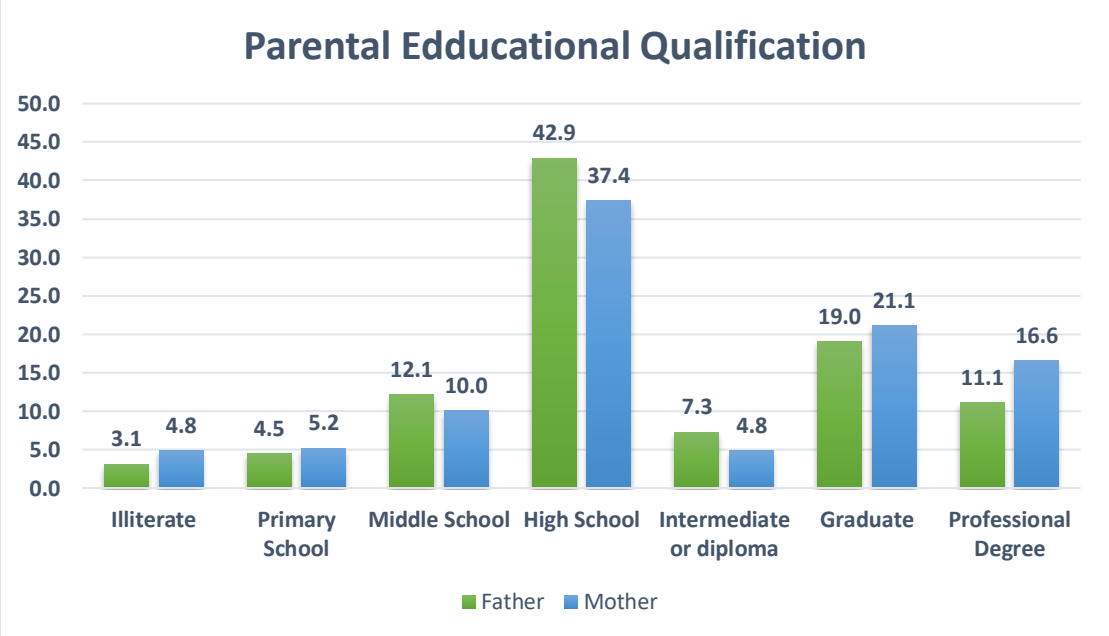


Figure 16

Details of Siblings of Participants

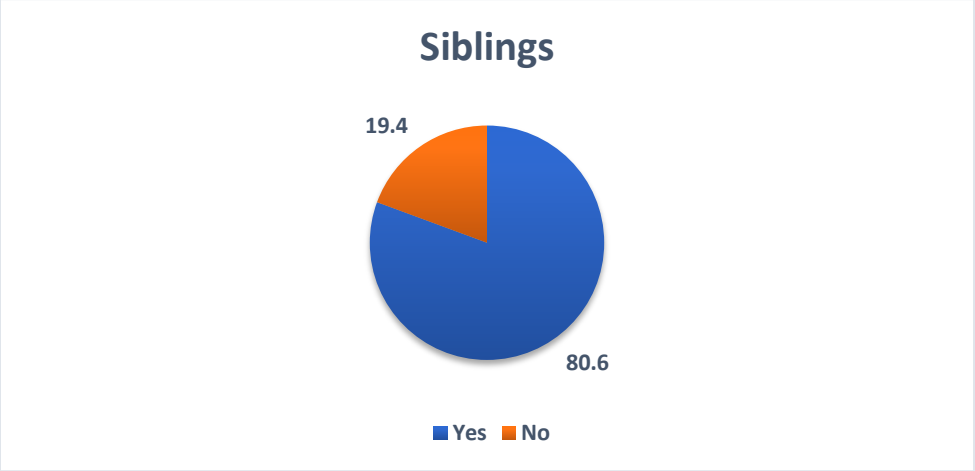


Table 5

Health and Habits of Participants (n=289)

Health & Habits	Number	Percentage
Health Issues		
Multiple Health Issues	12	4.2
Abdominal Related Issues	15	5.2
Obesity	6	2.1
Heart Disease	1	0.3
Asthma	11	3.8
High or Low blood pressure	9	3.1
Menstrual Health Issues	2	0.7
Allergy	4	1.4
Nothing	229	79.2
Drinking Habits		
Yes	115	39.8
No	174	60.2
Smoking Habits		
Yes	58	20.1
No	231	79.9

The health profile of the participants indicates that, majority (79.2%) of them have no particular health issues. Among the total emerging young adults, 39.8% were have drinking habits, while 20.1% reported with smoking habits.

Figure 17

Health Issues of Participants

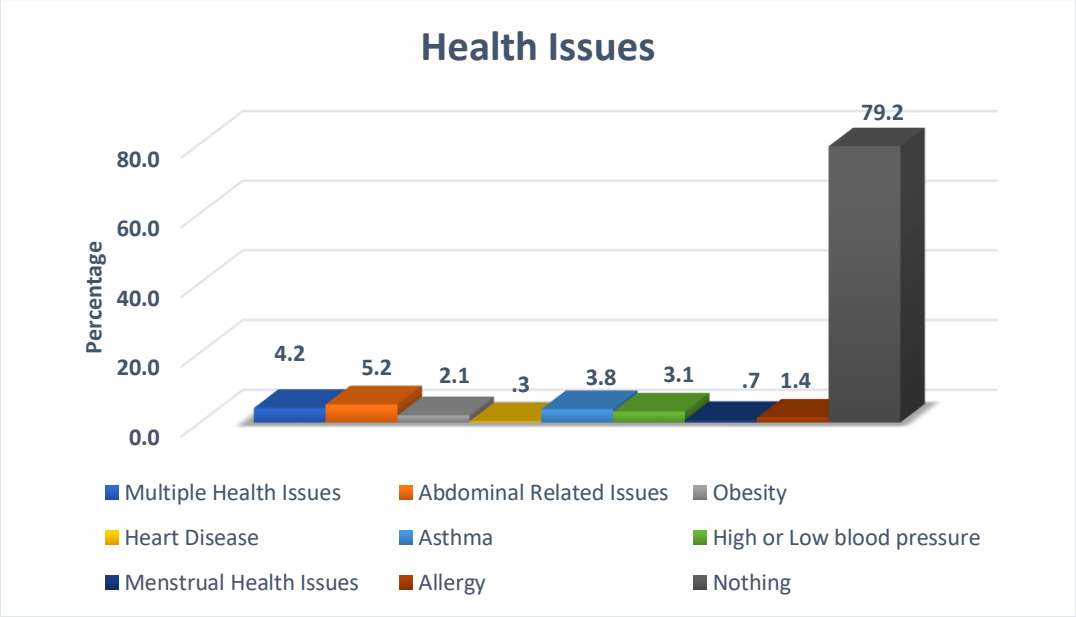
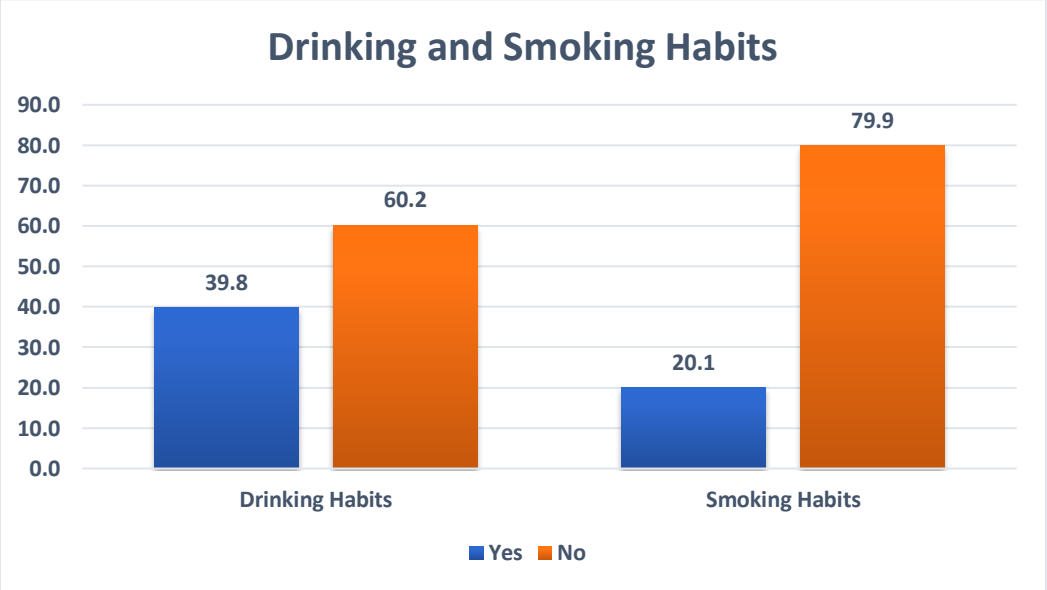


Figure 18

Drinking and Smoking Habits of Participants



Descriptive Analysis of Child Maltreatment

The following section illustrates the participants responses for each statement with respect to the prevalence of neglect, physical abuse, emotional abuse, and sexual abuse retrospectively. This analysis was carried out to study the objective 1 of the study.

Objective 1: To explore the nature and prevalence of neglect, physical abuse, emotional abuse, and sexual abuse among male and female Indian Emerging Adults as experienced retrospectively.

Table 6

Response for Statements Related to Neglect (n=289)

Response for Statements Related to Neglect	Number	Percentage
Were you ever not taken care of by your parents or other responsible adult(s) when you were sick or injured even though they could afford it?		
Yes	26	9.0
No	242	83.7
Cannot Remember	21	7.3
Have you ever not been given food to eat and/or drink even though your parent(s) or other responsible adult(s) could afford it?		
Yes	9	3.1
No	262	90.7
Cannot Remember	18	6.2
Were you made to wear clothes that were dirty, torn, or inappropriate for the season when your parent(s) or other responsible adult(s) could afford it?		
Yes	7	2.4
No	270	93.4
Cannot Remember	12	4.2
Have you ever been hurt or injured because no adult was supervising you?		
Yes	32	11.1
No	230	79.6
Cannot Remember	27	9.3
Did your parent(s) or other responsible adult(s) not always provide a safe place to live even though they could afford it?		
Yes	11	3.8
No	261	90.3
Cannot Remember	17	5.9

The table 6 and figure 19 illustrates the responses of statements related to neglect. The data shows that majority (more than 79%) of the participants were reported that the didn't experience neglect in their childhood with respect to any of the statements mentioned above.

Figure 19

Response for Statements Related to Neglect

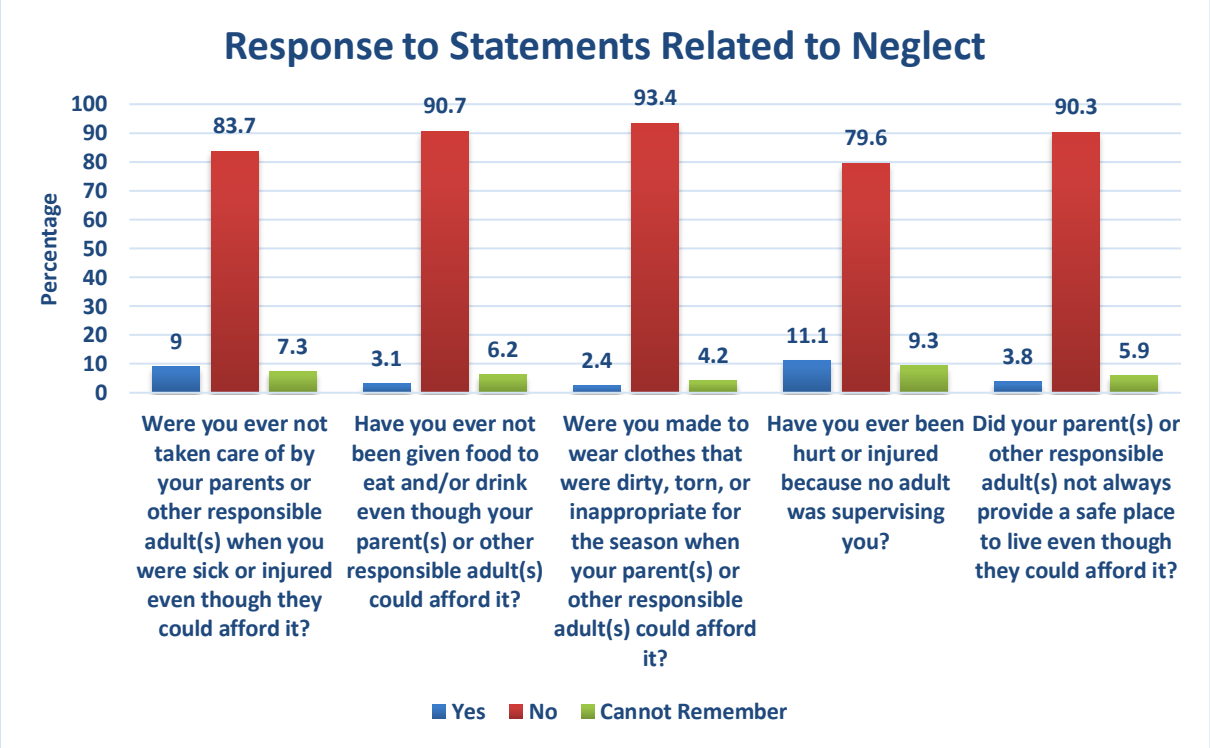


Table 7

Response for Statements Related to Physical Abuse (n=289)

Response for Statements Related to Physical Abuse	Number	Percentage
When you were growing up (before age 18), did any person ever hit or punch you very hard?		
Yes	141	48.8
No	128	44.3
Cannot Remember	20	6.9
Before you were age 18, did any person ever kick you very hard?		
Yes	45	15.6
No	214	74.0
Cannot Remember	30	10.4

Before you were age 18, did anyone ever beat you very hard with an object like		
Yes	150	51.9
No	119	41.2
Cannot Remember	20	6.9
Before you were 18, did anyone shake you very hard?		
Yes	45	15.6
No	205	70.9
Cannot Remember	39	13.5
Before you were 18, did anyone ever stab or cut you with a knife or sharp object?		
Yes	10	3.5
No	270	93.4
Cannot Remember	9	3.1

The table 7 and figure 20 illustrates the responses of statements related to physical abuse. The data shows that half of the participants were reported physical abuse with respect to two statements that related to hitting or punching (48.8%) and beating up with hard objects (51.9%). However, for the remaining three statements, majority (more than 70%) of the participants were reported that the didn't experience physical abuse in their childhood.

Figure 20

Response for Statements Related to Physical Abuse

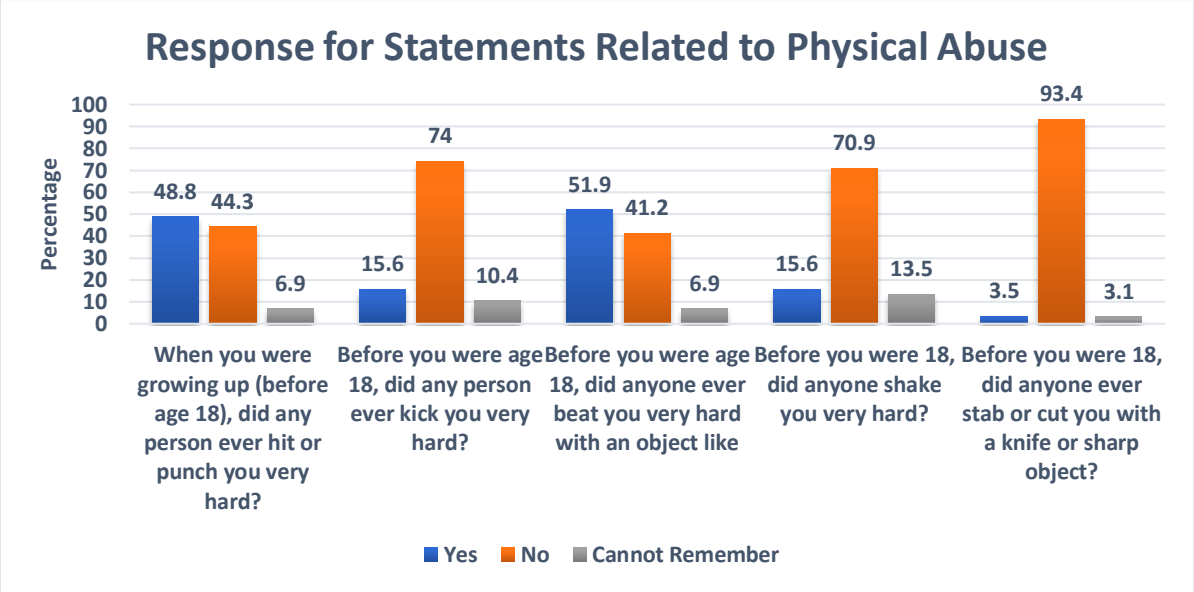


Table 8

Response for Statements Related to Emotional Abuse (n=289)

Response for Statements Related to Emotional Abuse	Number	Percentage
When you were growing up (before age 18), did anyone insult and criticize you, to make you feel that you were bad, stupid or worthless?		
Yes	159	55.0
No	99	34.3
Cannot Remember	31	10.7
Before you were age 18, did anyone say that you were not loved or did not deserve to be loved?		
Yes	67	23.2
No	197	68.2
Cannot Remember	25	8.7
Before you were age 18, did anyone say that they wish you had never been born, or were dead?		
Yes	45	15.6
No	215	74.4
Cannot Remember	29	10.0

Before age 18, were you ever personally threatened that you would be badly hurt or killed?		
Yes	27	9.3
No	243	84.1
Cannot Remember	19	6.6
Before you were age 18, did anyone threaten to abandon you, or refuse to let you live in the house anymore?		
Yes	31	10.7
No	244	84.4
Cannot Remember	14	4.8

The table 8 and figure 21 describes the responses of statements related to emotional abuse. The data shows that half of the participants were reported emotional abuse with respect to two statements that related to insulting and criticizing negatively (55%) and not loved or not deserved to be loved (23.2%). However, for the remaining three statements, majority (more than 74%) of the participants were reported that the didn't experience emotional abuse in their childhood.

Figure 21

Response for Statements Related to Emotional Abuse

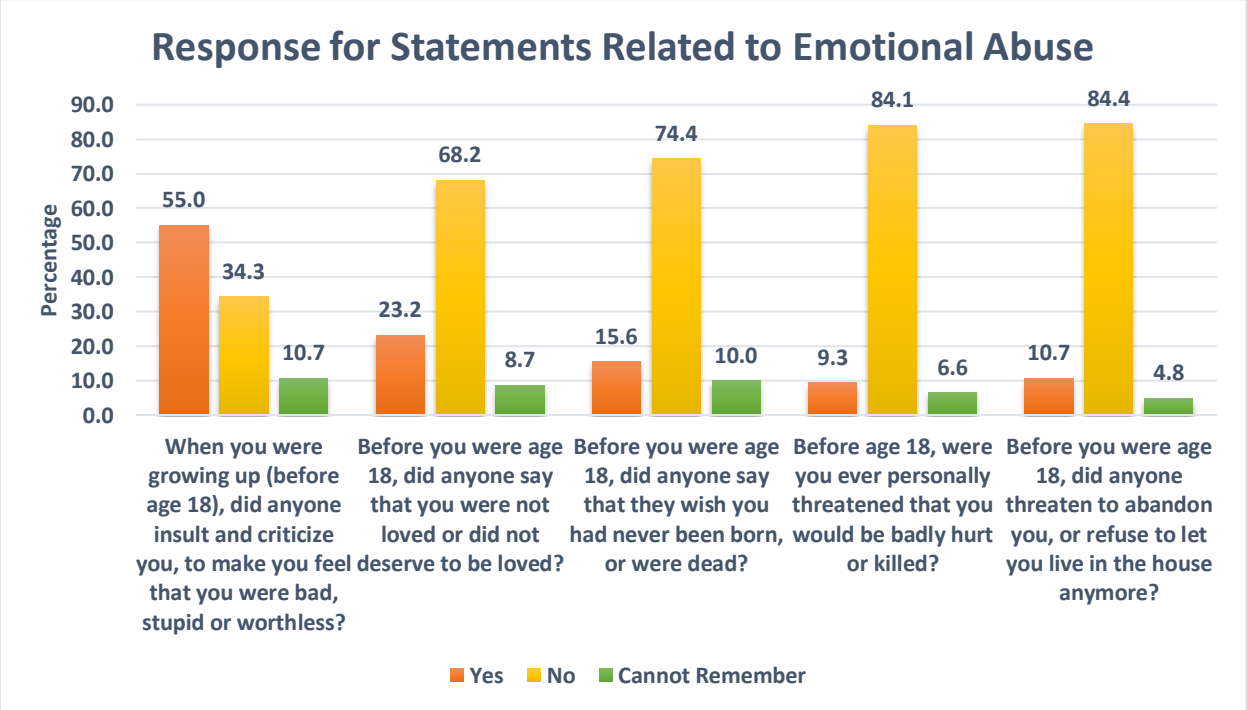


Table 9

Response for Statements Related to Sexual Abuse (n=289)

Response for Statements Related to Sexual Abuse	Number	Percentage
When you were growing up (before age 18), did anyone make you look at their private part or looked at yours when you did not want to?		
Yes	49	17.0
No	225	77.9
Cannot Remember	15	5.2
Before age 18, did someone make a sex video or take photographs of you alone, or with other people, doing sexual things when you did not want to?		
Yes	18	6.2
No	267	92.4
Cannot Remember	4	1.4
Before age 18, did anyone touch your private parts in a sexual way, or make you touch theirs when you did not want to?		
Yes	54	18.7
No	230	79.6
Cannot Remember	5	1.7
Before age 18, did anyone make you upset by speaking to you in a sexual way or writing sexual things about you when you did not want to?		
Yes	39	13.5
No	234	81.0
Cannot Remember	16	5.5
Before age 18, did anyone ever have sexual intercourse with you when you did not want them to?		
Yes	16	5.5
No	268	92.7
Cannot Remember	5	1.7

The table 9 and figure 22 shows the responses of statements related to sexual abuse. The data shows that majority (more than 77%) of the participants were reported that the didn't experience sexual abuse in their childhood with respect to any of the statements mentioned above.

Figure 22

Response for Statements Related to Sexual Abuse

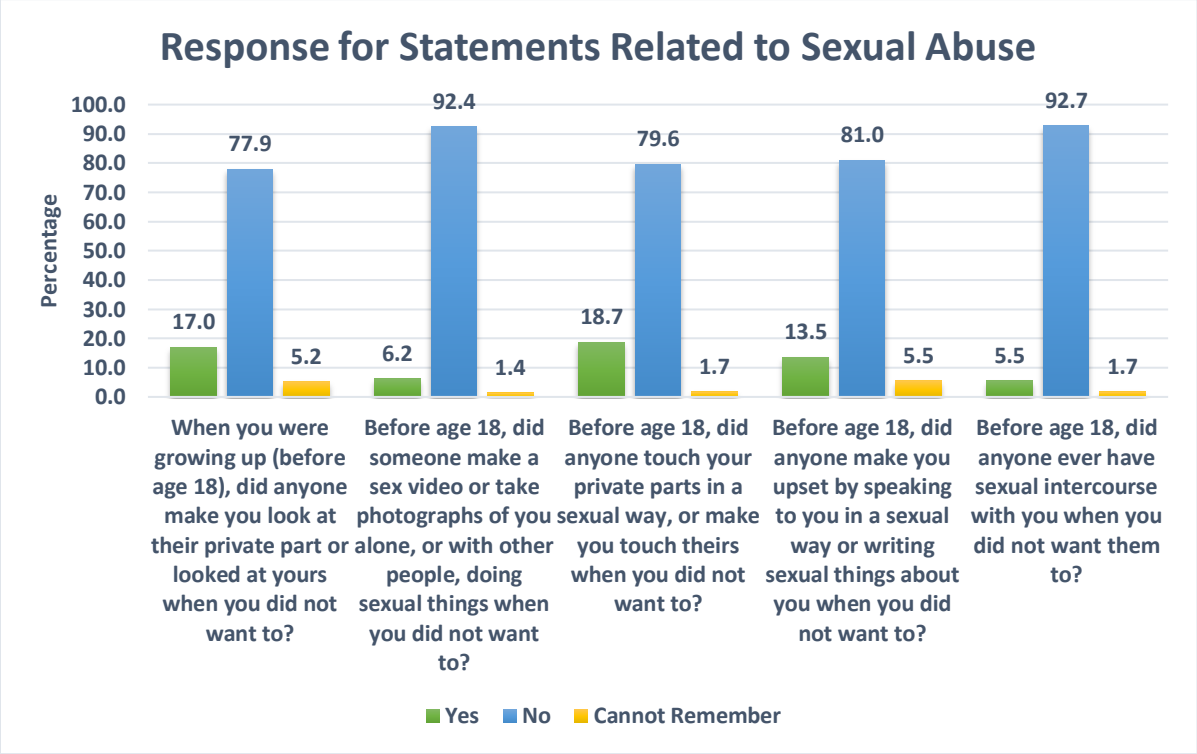


Table 10

Prevalence of Child Maltreatment (n=289)

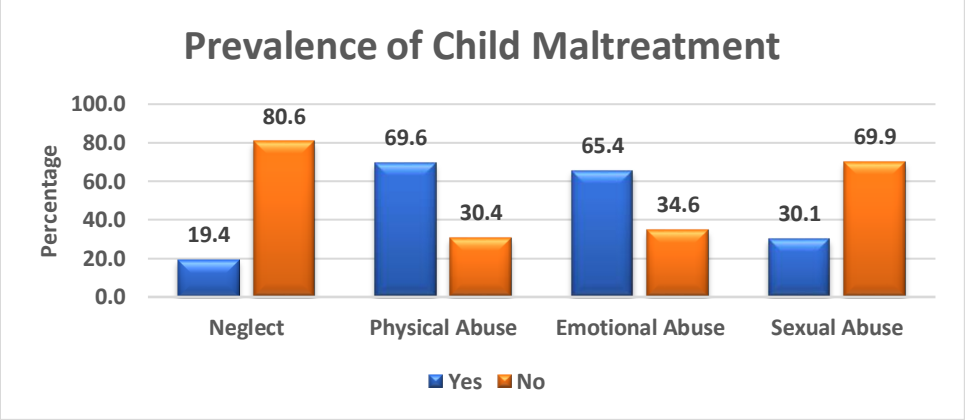
Prevalence of Child Maltreatment	Number	Percentage
Neglect		
Yes	56	19.4
No	233	80.6
Physical Abuse		
Yes	201	69.6
No	88	30.4
Emotional Abuse		
Yes	189	65.4
No	100	34.6
Sexual Abuse		
Yes	87	30.1
No	202	69.9

Note. Neglect and abuse prevalence were determined from the responses in each section.

The overall descriptive analysis of the prevalence of child maltreatment among 289 participants indicates that physical abuse (69.6%) was reported highly among the participants, followed by emotional abuse (65.4%), sexual abuse (30.1%), and neglect (19.4%).

Figure 23

Prevalence of Child Maltreatment



Note. Neglect and abuse prevalence were determined from the responses in each section.

Table 11

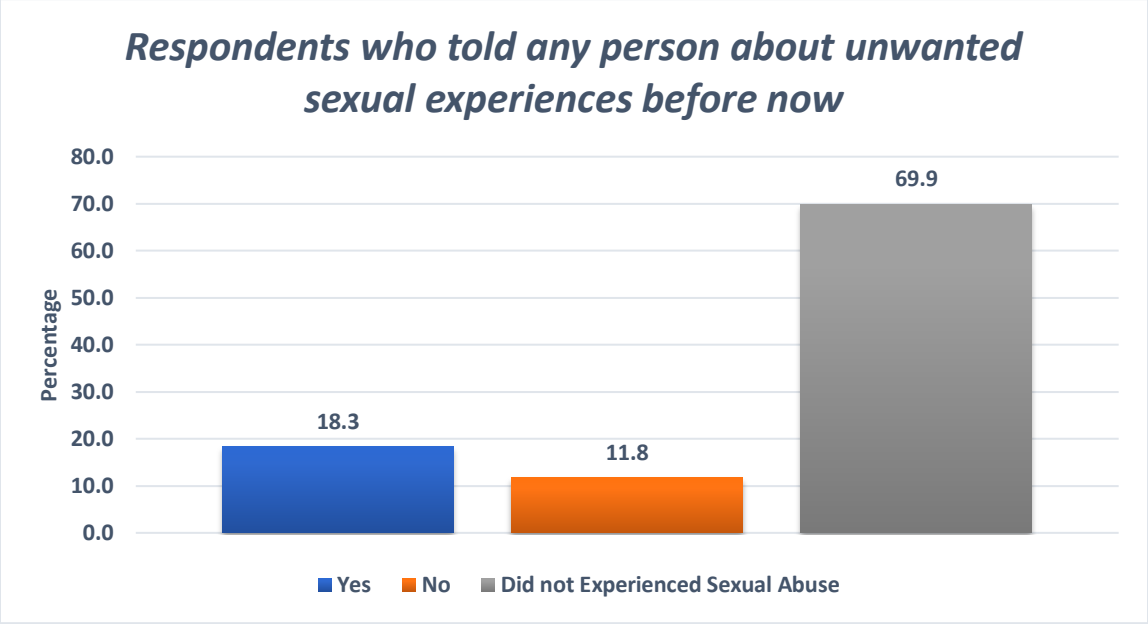
Respondents who told any person about unwanted sexual experiences before now (n=289)

Have you ever told any person about unwanted sexual experiences before now?	Frequency	Percentage
Yes	53	19.4
No	34	11.8
Did not Experienced Sexual Abuse	202	68.9

The data also revels that among the participants (n=87) who experienced any kind of sexual abuse in their childhood, 34 participants were never told any person about unwanted sexual experiences before now.

Figure 24

Respondents who told any person about unwanted sexual experiences before now



Inferential Analysis

The following section compares the childhood maltreatment dimensions such as neglect, physical abuse, emotional abuse, and sexual abuse among the various categories of samples based on various socio-demographic variables such as gender, parental education, type of family, nature of family, socioeconomic status of family, and ethnicity with using Mann-Whitney U-Test and Kruskal Wallis Test. The non-parametric tests were used as the dimensions of childhood maltreatment were not normally distributed. Also explored the significant predictors of childhood maltreatment using Linear Regression analysis. The section was organized based on the objectives and hypothesis.

Objective 2: To explore the gender difference in the extent of neglect, physical abuse, emotional abuse, and sexual abuse experienced by male and female Indian Emerging Adults as experienced retrospectively.

Hypothesis 1: There will be a significant gender difference in the extent of neglect, physical abuse, emotional abuse, and sexual abuse among male and female Indian Emerging Adults as experienced retrospectively.

Table 12

Descriptive Statistics: Independent Sample t-Tests - Gender Vs Dimensions of Childhood Maltreatment (n=287)

Dimensions of Childhood Maltreatment	Gender	N	Mean	Std. Deviation	Std. Error Mean
Neglect	Male	146	.24	.636	.053
	Female	141	.35	.819	.069
Physical Abuse	Male	146	1.38	1.078	.089
	Female	141	1.33	1.285	.108
Emotional Abuse	Male	146	1.13	1.193	.099
	Female	141	1.16	1.161	.098
Sexual Abuse	Male	146	.47	1.025	.085
	Female	141	.76	1.212	.102

Table 13

Independent Samples t-Test - Gender Vs Dimensions of Childhood Maltreatment (n=287)

		Levene's Test for Equality of Variances		t-test for Equality of Means						
		F	Sig.	T	df	Sig. (2-tailed)	Mean Difference	Std. Error Difference	95% Confidence Interval of the Difference	
									Lower	Upper
Neglect	Equal variances assumed	5.463	.020	-1.248	285	.213	-.108	.086	-.278	.062
	Equal variances not assumed			-1.242	263.98	.215	-.108	.087	-.279	.063
Physical Abuse	Equal variances assumed	6.483	.011	.410	285	.682	.057	.140	-.218	.332
	Equal variances not assumed			.409	273.19	.683	.057	.140	-.219	.333
Emotional Abuse	Equal variances assumed	.012	.915	-.186	285	.852	-.026	.139	-.300	.248
	Equal variances not assumed			-.186	284.99	.852	-.026	.139	-.299	.248
Sexual Abuse	Equal variances assumed	6.512	.011	-2.163	285	.031	-.286	.132	-.547	-.026
	Equal variances not assumed			-2.156	273.97	.032	-.286	.133	-.548	-.025

The Independent Samples Test results for emerging young adults (N = 287) show that

i. the females (n = 141, M = 0.35, SD = 0.636) have experienced higher neglect than males (n = 146, M = 0.24, SD = 0.819). The assumption of homogeneity of variance is violated as Levene's Test for Equality of Variances is significant (F = 5.463, p = 0.020). The t-test statistics indicate that the difference in neglect experienced among males and females is not significant at the 0.05 level (t = -1.242, df = 263.98, p = 0.215).

ii. the males (n = 146, M = 1.38, SD = 1.078) have experienced higher physical abuse than females (n = 141, M = 1.33, SD = 1.285). The assumption of homogeneity of variance is violated as Levene's Test for Equality of Variances is significant (F = 6.483, p = 0.011). The t-test statistics indicate that the difference in physical abuse experienced among males and females is not significant at the 0.05 level (t = 0.409, df = 273.19, p = 0.683).

iii. the females (n = 141, M = 1.16, SD = 1.161) have experienced higher emotional abuse than males (n = 146, M = 1.13, SD = 1.193). The assumption of homogeneity of variance is not violated as Levene's Test for Equality of Variances is not significant (F = 0.012, p = 0.915). The t-test statistics indicate that the difference in emotional abuse experienced among males and females is not significant at the 0.05 level (t = -0.186, df = 285, p = 0.852).

iv. the females (n = 141, M = 0.76, SD = 1.212) have experienced higher sexual abuse than males (n = 146, M = 0.47, SD = 1.025). The assumption of homogeneity of variance is not violated as Levene's Test for Equality of Variances is not significant (F = 6.512, p = 0.011). The t-test statistics indicate that the difference in sexual abuse experienced among males and females is significant at the 0.05 level (t = -2.156, df = 273.97, p = 0.032).

There is a significant gender difference in the extent of sexual abuse among male and female Indian Emerging Adults as experienced retrospectively.

However, there is no significant gender difference in the extent of neglect, physical abuse, and emotional abuse, among male and female Indian Emerging Adults as experienced retrospectively.

Objective 3: To study the influence of family type (Joint/Nuclear) on neglect, physical abuse, emotional abuse, and sexual abuse among male and female Indian Emerging Adults experienced retrospectively.

Hypothesis 2: There will be a significant difference in the extent of neglect, physical abuse, emotional abuse, and sexual abuse based on family type among male and female Indian Emerging Adults as experienced retrospectively.

Table 14

Descriptive Statistics: Independent Sample t-Tests – Type of Family Vs Dimensions of Childhood Maltreatment (n=289)

Dimensions of Childhood Maltreatment	Type of Family	N	Mean	Std. Deviation	Std. Error Mean
Neglect	Nuclear	209	.28	.722	.050
	Joint	80	.31	.756	.085
Physical Abuse	Nuclear	209	1.31	1.178	.082
	Joint	80	1.45	1.190	.133
Emotional Abuse	Nuclear	209	1.09	1.191	.082
	Joint	80	1.26	1.122	.125
Sexual Abuse	Nuclear	209	.60	1.105	.076
	Joint	80	.63	1.184	.132

Table 15

Independent Samples t-Test – Type of Family Vs Dimensions of Childhood Maltreatment (n=287)

		Levene's Test for Equality of Variances		t-test for Equality of Means						
		F	Sig.	T	Df	Sig. (2-tailed)	Mean Difference	Std. Error Difference	95% Confidence Interval of the Difference	
									Lower	Upper
Neglect	Equal variances assumed	.093	.761	-.314	287	.754	-.030	.096	-.219	.159
	Equal variances not assumed			-.308	137.336	.759	-.030	.098	-.224	.164
Physical Abuse	Equal variances assumed	.001	.977	-.895	287	.372	-.139	.155	-.445	.167
	Equal variances not assumed			-.891	141.875	.374	-.139	.156	-.447	.169
Emotional Abuse	Equal variances assumed	.154	.695	-1.113	287	.267	-.172	.154	-.475	.132
	Equal variances not assumed			-1.143	151.191	.255	-.172	.150	-.468	.125
Sexual Abuse	Equal variances assumed	.114	.735	-.149	287	.881	-.022	.148	-.314	.270
	Equal variances not assumed			-.145	134.782	.885	-.022	.153	-.324	.280

The Independent Sample t-Test-Test results for emerging young adults (N = 289) show that

i. the emerging young adults from the joint family (n = 80, M = 0.31, SD = 0.756) have experienced higher neglect than those from the nuclear family (n = 209, M = 0.28, SD = 0.722). The assumption of homogeneity of variance is not violated as Levene's Test for Equality of Variances is not significant (F = 0.093, p = 0.761). The t-test statistics indicate that the difference in neglect experienced among emerging young adults from the joint family and the nuclear family is not significant at the 0.05 level (t = -0.314, df = 287, p = 0.754).

ii. the emerging young adults from the joint family (n = 80, M = 1.45, SD = 1.190) have experienced higher physical abuse than those from the nuclear family (n = 209, M = *1.31*, SD = 1.178). The assumption of homogeneity of variance is not violated as Levene's Test for Equality of Variances is not significant (F = 0.001, p = 0.977). The t-test statistics

indicate that the difference in physical abuse experienced among emerging young adults from the joint family and the nuclear family is not significant at the 0.05 level (t = -0.895, df = 287, p = 0.372).

iii. the emerging young adults from the joint family (n = 80, M = 1.26, SD = 1.122) have experienced higher emotional abuse than those from the nuclear family (n = 209, M = 1.09, SD = 1.191). The assumption of homogeneity of variance is not violated as Levene's Test for Equality of Variances is not significant (F = 0.154, p = 0.695). The t-test statistics indicate that the difference in emotional abuse experienced among emerging young adults from the joint family and the nuclear family is not significant at the 0.05 level (t = -1.113, df = 287, p = 0.267).

iv. the emerging young adults from the nuclear family (n = 209, M = 0.60, SD = 1.105) have experienced higher sexual abuse than those from the joint family (n = 80, M = 0.63, SD = 1.184). The assumption of homogeneity of variance is not violated as Levene's Test for Equality of Variances is not significant (F = 0.114, p = 0.735). The t-test statistics indicate that the difference in sexual abuse experienced among emerging young adults from the joint family and the nuclear family is not significant at the 0.05 level (t = -0.149, df = 287, p = 0.881).

There is no significant difference in the extent of neglect, physical abuse, emotional abuse and sexual abuse based on family type among male and female Indian Emerging Adults as experienced retrospectively.

Objective 4: To study the influence of the nature of family type (Heterodox/Orthodox) on neglect, physical abuse, emotional abuse, and sexual abuse among male and female Indian Emerging Adults experienced retrospectively.

Hypothesis 3: There will be a significant difference in the extent of neglect, physical abuse, emotional abuse, and sexual abuse based on the nature of family among male and female Indian Emerging Adults as experienced retrospectively.

Table 16

Descriptive Statistics: Independent Sample t-Tests – Nature of Family Vs Dimensions of Childhood Maltreatment (n=289)

Dimensions of Childhood Maltreatment	Nature of Family	N	Mean	Std. Deviation	Std. Error Mean
Neglect	Orthodox	74	.22	.504	.059
	Heterodox	215	.32	.793	.054
Physical Abuse	Orthodox	74	.81	.961	.112
	Heterodox	215	1.53	1.195	.081
Emotional Abuse	Orthodox	74	.85	.961	.112
	Heterodox	215	1.24	1.225	.084
Sexual Abuse	Orthodox	74	.70	1.225	.142
	Heterodox	215	.58	1.090	.074

Table 17

Independent Samples t-Test – Nature of Family Vs Dimensions of Childhood Maltreatment (n=289)

		Levene's Test for Equality of Variances		t-test for Equality of Means						
		F	Sig.	T	Df	Sig. (2-tailed)	Mean Difference	Std. Error Difference	95% Confidence Interval of the Difference	
									Lower	Upper
Neglect	Equal variances assumed	3.991	.047	-1.017	287	.310	-.100	.098	-.294	.094
	Equal variances not assumed			-1.255	200.650	.211	-.100	.080	-.257	.057
Physical Abuse	Equal variances assumed	7.296	.007	-4.714	287	.000	-.724	.154	-1.026	-.422
	Equal variances not assumed			-5.238	156.330	.000	-.724	.138	-.997	-.451
Emotional Abuse	Equal variances assumed	3.462	.064	-2.461	287	.014	-.386	.157	-.694	-.077
	Equal variances not assumed			-2.767	160.379	.006	-.386	.139	-.661	-.110
Sexual Abuse	Equal variances assumed	1.228	.269	.830	287	.407	.126	.152	-.173	.425
	Equal variances not assumed			.784	115.360	.434	.126	.161	-.192	.444

The Independent Sample t-Test-Test results for emerging young adults (N = 289) show that

i. the emerging young adults from the heterodox family (n = 215, M = 0.32, SD = 0.793) have experienced higher neglect than those from the orthodox family (n = 74, M = 0.22, SD = 0.504). The assumption of homogeneity of variance is violated as Levene's Test for Equality of Variances is significant (F = 3.991, p = 0.047). The t-test statistics indicate that the difference in neglect experienced among emerging young adults from the heterodox family and the orthodox family is not significant at the 0.05 level (t = -1.225, df = 200.68 p = 0.211).

ii. the emerging young adults from the heterodox family (n = 215, M = 1.53, SD = 1.195) have experienced higher physical abuse than those from the orthodox family (n = 74, M = 0.81, SD = 0.961). The assumption of homogeneity of variance violated as Levene's Test

for Equality of Variances is significant (F = 7.296, p = 0.007). The t-test statistics indicate that the difference in physical abuse experienced among emerging young adults from the heterodox family and the orthodox family is significant at the 0.05 level (t = -5.238, df = *156.33*, p = 0.000).

iii. the emerging young adults from the heterodox family (n = 215, M = 0.1.24, SD = 1.225) have experienced higher emotional abuse than those from the orthodox family (n = 74, M = 0.85, SD = 0.961). The assumption of homogeneity of variance is not violated as Levene's Test for Equality of Variances is not significant (F = 3.462, p = 0.064). The t-test statistics indicate that the difference in emotional abuse experienced among emerging young adults from the heterodox family and the orthodox family is significant at the 0.05 level (t = -2.461, df = 287, p = 0.014).

iv. the emerging young adults from the orthodox family (n = 74, M = 0.70, SD = 1.225) have experienced higher sexual abuse than those from the heterodox family (n = 215, M = 0.58, SD = 1.090). The assumption of homogeneity of variance is not violated as Levene's Test for Equality of Variances is not significant (F = 1.228, p = 0.269). The t-test statistics indicate that the difference in sexual abuse experienced among emerging young adults from the heterodox family and the orthodox family is not significant at the 0.05 level (t = 0.830, df = 287, p = 0.407).

There is a significant difference in the extent of physical abuse and emotional abuse based on the nature of family among male and female Indian Emerging Adults as experienced retrospectively.

However, there is no significant difference in the extent of neglect and sexual abuse based on the nature of family among male and female Indian Emerging Adults as experienced retrospectively.

Objective 5: To study the influence of Parental Education (Fathers' Education/Mothers' Education) on neglect, physical abuse, emotional abuse, and sexual abuse among male and female Indian Emerging Adults experienced retrospectively.

Hypothesis 4.1: There will be a significant difference in the extent of neglect, physical abuse, emotional abuse, and sexual abuse based on the fathers' education among male and female Indian Emerging Adults as experienced retrospectively.

Table 18

Ranks: Kruskal-Wallis Tests – Fathers' Education Vs Dimensions of Childhood Maltreatment (n=289)

	Fathers Education Highest	N	Mean Rank
Neglect	Illiterate	9	153.94
	Primary School	13	148.50
	Middle School	35	146.07
	High School	124	136.01
	Intermediate or diploma	21	157.17
	Graduate	55	142.26
	Professional Degree	32	171.45
Physical Abuse	Illiterate	9	127.72
	Primary School	13	141.19
	Middle School	35	145.14
	High School	124	158.44
	Intermediate or diploma	21	151.29
	Graduate	55	123.56
	Professional Degree	32	131.91
Emotional Abuse	Illiterate	9	93.06
	Primary School	13	140.88
	Middle School	35	125.81
	High School	124	147.94
	Intermediate or diploma	21	140.40
	Graduate	55	153.98
	Professional Degree	32	158.47
Sexual Abuse	Illiterate	9	118.28
	Primary School	13	173.69
	Middle School	35	144.56
	High School	124	138.95
	Intermediate or diploma	21	153.98
	Graduate	55	158.22
	Professional Degree	32	136.17

Table 19

Test Statistics: Kruskal-Wallis Tests – Fathers' Education Vs Dimensions of Childhood Maltreatment (n=289)

	Neglect	Physical Abuse	Emotional Abuse	Sexual Abuse
Chi-Square	11.151	8.735	7.763	7.746
Df	6	6	6	6
Asymp. Sig.	.084	.189	.256	.257

Note. Kruskal Wallis Test, Grouping Variable: Fathers' Education Highest

The Kruskal-Wallis-Test results for emerging young adults (N = 289) show that

i. emerging young adults whose fathers with professional degrees have experienced higher neglect (*Mean Rank* = 171.45, n = 32) than intermediate diplomas (*Mean Rank* = 157.17, n = 21), illiterate (*Mean Rank* = 153.94, n = 9), primary schools (*Mean Rank* = 148.50, n = 13), graduates (*Mean Rank* = 142.26, n = 55), middle schools (*Mean Rank* = 146.07, n = 35), and high schools (*Mean Rank* = 136.01, n = 124) respectively with the test statistics Chi-Square = 11.151, df = 6, p = 0.084. However, the difference is not significant at the 0.05 level.

ii. emerging young adults whose fathers with high school education have experienced higher physical abuse (*Mean Rank* = 158.44, n = 124) than intermediate diplomas (*Mean Rank* = 151.29, n = 21), middle schools (*Mean Rank* = 145.14, n = 35), primary schools (*Mean Rank* = 141.19, n = 13), professional degrees (*Mean Rank* = 131.91, n = 32), illiterate (*Mean Rank* = 127.72, n = 9), graduates (*Mean Rank* = 123.56, n = 55) respectively with the test statistics Chi-Square = 8.735, df = 6, p = 0.189. However, the difference is not significant at the 0.05 level.

iii. emerging young adults whose fathers with professional degrees have experienced higher emotional abuse (*Mean Rank* = 158.47, n = 32) than graduates (*Mean Rank* = 153.98, n = 55), high schools (*Mean Rank* = 147.94, n = 124), primary schools (*Mean Rank* = 140.88, n = 13), intermediate diplomas (*Mean Rank* = 140.44, n = 21), middle schools (*Mean Rank* = 125.81, n = 35), and illiterate (*Mean Rank* = 93.06, n = 9), respectively with the test

statistics Chi-Square = 7.763, *df* = 6, *p* = 0.256. However, the difference is not significant at the 0.05 level.

iv. emerging young adults whose fathers with primary school education have experienced higher sexual abuse (*Mean Rank* = 173.69, *n* = 13), than graduates (*Mean Rank* = 158.22, *n* = 55), intermediate diplomas (*Mean Rank* = 153.98, *n* = 21), middle schools (*Mean Rank* = 144.56, *n* = 35), high schools (*Mean Rank* = 138.95, *n* = 124) professional degrees (*Mean Rank* = 136.17, *n* = 32), illiterate (*Mean Rank* = 118.28, *n* = 9), respectively with the test statistics Chi-Square = 7.746, *df* = 6, *p* = 0.257. However, the difference is not significant at the 0.05 level.

There is no significant difference in the extent of neglect, physical abuse, emotional abuse, and sexual abuse based on the fathers' education among male and female Indian Emerging Adults as experienced retrospectively.

Objective 5: To study the influence of Parental Education (Fathers' Education/Mothers' Education) on neglect, physical abuse, emotional abuse, and sexual abuse among male and female Indian Emerging Adults experienced retrospectively.

Hypothesis 4.2: There will be a significant difference in the extent of neglect, physical abuse, emotional abuse, and sexual abuse based on the mothers' education among male and female Indian Emerging Adults as experienced retrospectively.

Table 20

Ranks: Kruskal-Wallis Tests – Mothers' Education Vs Dimensions of Childhood Maltreatment (n=289)

	Mothers Education Highest	N	Mean Rank
Neglect	Illiterate	14	160.25
	Primary School	15	126.10
	Middle School	29	131.12
	High School	108	148.25
	Intermediate or diploma	14	167.50
	Graduate	61	140.29
	Professional Degree	48	146.97
Physical Abuse	Illiterate	14	149.25
	Primary School	15	142.53
	Middle School	29	127.02
	High School	108	158.19
	Intermediate or diploma	14	133.71
	Graduate	61	132.77
	Professional Degree	48	144.56
Emotional Abuse	Illiterate	14	105.21
	Primary School	15	130.90
	Middle School	29	128.31
	High School	108	146.24
	Intermediate or diploma	14	161.79
	Graduate	61	155.84
	Professional Degree	48	149.65
Sexual Abuse	Illiterate	14	148.54
	Primary School	15	153.03
	Middle School	29	143.45
	High School	108	142.63
	Intermediate or diploma	14	123.07
	Graduate	61	145.95
	Professional Degree	48	152.93

Table 21

Test Statistics: Kruskal-Wallis Tests – Mothers' Education Vs Dimensions of Childhood Maltreatment (n=289)

	Neglect	Physical Abuse	Emotional Abuse	Sexual Abuse
Chi-Square	7.251	6.056	7.192	2.539
Df	6	6	6	6
Asymp. Sig.	.298	.417	.303	.864

Note. Kruskal Wallis Test, Grouping Variable: Mothers' Education Highest

The Kruskal-Wallis-Test results for emerging young adults (N = 289) show that

i. emerging young adults whose mothers with intermediate diplomas have experienced higher neglect (*Mean Rank* = 167.50, n = 14) than illiterate (*Mean Rank* = 160.25, n = 14), high schools (*Mean Rank* = 148.25, n = 108), professional degrees (*Mean Rank* = 146.97, n = 48), graduates (*Mean Rank* = 140.29, n = 61), middle schools (*Mean Rank* = 131.12, n = 29), and primary schools (*Mean Rank* = 126.10, n = 15), respectively with the test statistics Chi-Square = 7.251, df = 6, p = 0.298. However, the difference is not significant at the 0.05 level.

ii. emerging young adults whose mothers with high schools have experienced higher physical abuse (*Mean Rank* = 158.19, n = 108) than illiterate (*Mean Rank* = 149.25, n = 14), professional degrees (*Mean Rank* = 144.56, n = 48), primary schools (*Mean Rank* = 142.53, n = 15), intermediate diplomas (*Mean Rank* = 133.71, n = 14), graduates (*Mean Rank* = 132.77, n = 61), middle schools (*Mean Rank* = 127.02, n = 29), and respectively with the test statistics Chi-Square = 6.056, df = 6, p = 0.417. However, the difference is not significant at the 0.05 level.

iii. emerging young adults whose mothers with intermediate diplomas have experienced higher emotional abuse (*Mean Rank* = 161.79, n = 14) than graduates (*Mean Rank* = 155.84, n = 61), professional degrees (*Mean Rank* = 149.65, n = 48), high schools (*Mean Rank* = 146.24, n = 108) primary schools (*Mean Rank* = 130.90, n = 15), middle schools (*Mean Rank* = 128.31, n = 29), and illiterate (*Mean Rank* = 105.21, n = 14), respectively

with the test statistics Chi-Square = 7.192, *df* = 6, *p* = 0.303. However, the difference is not significant at the 0.05 level.

iv. emerging young adults whose mothers with primary schools have experienced higher sexual abuse (*Mean Rank* = 130.90, *n* = 15) than those professional degrees (*Mean Rank* = 152.93, *n* = 48), illiterate (*Mean Rank* = 148.54, *n* = 14), graduates (*Mean Rank* = 145.95, *n* = 61), middle schools (*Mean Rank* = 143.45, *n* = 29), high schools (*Mean Rank* = 142.63, *n* = 108), and intermediate diplomas (*Mean Rank* = 123.07, *n* = 14) and respectively with the test statistics Chi-Square = 2.539, *df* = 6, *p* = 0.864. However, the difference is not significant at the 0.05 level.

There is no significant difference in the extent of neglect, physical abuse, emotional abuse, and sexual abuse based on the mothers' education among male and female Indian Emerging Adults as experienced retrospectively.

Objective 6: To study the influence of the socioeconomic status of the family on neglect, physical abuse, emotional abuse, and sexual abuse among male and female Indian Emerging Adults experienced retrospectively.

Hypothesis 5: There will be a significant difference in the extent of neglect, physical abuse, emotional abuse, and sexual abuse based on the socioeconomic status of the family among male and female Indian Emerging Adults as experienced retrospectively.

Table 22

Ranks: Kruskal-Wallis Tests – Socioeconomic Status of Family Vs Dimensions of Childhood Maltreatment (n=289)

	Socioeconomic Status of Family	N	Mean Rank
Neglect	Upper Lower Class	57	144.82
	Lower Middle Class	91	137.93
	Upper Middle Class	94	147.48
	Upper Class	47	153.94
Physical Abuse	Upper Lower Class	57	158.17
	Lower Middle Class	91	156.43
	Upper Middle Class	94	129.97
	Upper Class	47	136.95
Emotional Abuse	Upper Lower Class	57	144.90
	Lower Middle Class	91	148.17
	Upper Middle Class	94	133.61
	Upper Class	47	161.77
Sexual Abuse	Upper Lower Class	57	159.63
	Lower Middle Class	91	129.78
	Upper Middle Class	94	150.32
	Upper Class	47	146.07

Table 23

Test Statistics: Kruskal-Wallis Tests – Socioeconomic Status of Family Vs Dimensions of Childhood Maltreatment (n=289)

	Neglect	Physical Abuse	Emotional Abuse	Sexual Abuse
Chi-Square	2.686	7.076	4.159	7.863
Df	3	3	3	3
Asymp. Sig.	.443	.070	.245	.049

Note. Kruskal Wallis Test, Grouping Variable: Socioeconomic Status of Family

The Kruskal-Wallis-Test results for emerging young adults (N = 289) show that

i. emerging young adults from the upper class have experienced higher neglect (*Mean Rank* = 153.94, n = 47) than the upper-middle class (*Mean Rank* = 147.48, n = 94), upper-lower class (*Mean Rank* = 144.82, n = 57), and lower-middle class (*Mean Rank* = 137.93, n = 91) respectively with the test statistics Chi-Square = 2.686, df = 3, p = 0.443. However, the difference is not significant at the 0.05 level.

ii. emerging young adults from the upper-lower class have experienced higher physical abuse (*Mean Rank* = 158.17, n = 57) than lower-middle class (*Mean Rank* = 156.43, n = 91), upper-class (*Mean Rank* = 136.95, n = 47), and upper-middle class (*Mean Rank* = 129.97, n = 94) respectively with the test statistics Chi-Square = 7.076, df = 3, p = 0.070. However, the difference is not significant at the 0.05 level.

iii. emerging young adults from the upper-class have experienced higher emotional abuse (*Mean Rank* = 161.77, n = 47) than lower-middle class (*Mean Rank* = 148.17, n = 91), upper-lower class (*Mean Rank* = 144.90 n = 57), and upper-middle class (*Mean Rank* = 133.61, n = 94) respectively with the test statistics Chi-Square = 4.159, df = 3, p = 0.245. However, the difference is not significant at the 0.05 level.

iv. emerging young adults from the upper-lower class have experienced higher sexual abuse (*Mean Rank* = 159.63 n = 57) than upper-middle class (*Mean Rank* = 150.32, n = 94), upper-class (*Mean Rank* = 146.07, n = 47), and lower-middle class (*Mean Rank* = 129.78, n = 91) respectively with the test statistics Chi-Square = 7.863, df = 3, p = 0.049 and the difference is significant at the 0.05 level.

There is a significant difference in the extent of sexual abuse based on the socioeconomic status of the family among male and female Indian Emerging Adults as experienced retrospectively.

There is no significant difference in the extent of neglect, physical abuse, and emotional abuse based on the socioeconomic status of the family among male and female Indian Emerging Adults as experienced retrospectively.

Objective 7: To study the influence of ethnicity/culture on neglect, physical abuse, emotional abuse, and sexual abuse among male and female Indian Emerging Adults experienced retrospectively.

Hypothesis 6: There will be a significant difference in the extent of neglect, physical abuse, emotional abuse, and sexual abuse based on the ethnicity/culture among male and female Indian Emerging Adults as experienced retrospectively.

Table 24

Ranks: Kruskal-Wallis Tests – Ethnicity/Culture Vs Dimensions of Childhood Maltreatment (n=289)

	Ethnicity	N	Mean Rank
Neglect	Dravidians	190	145.26
	Indo-Aryans	75	142.05
	Mongoloid and Other Minority Groups	24	152.15
Physical Abuse	Dravidians	190	162.65
	Indo-Aryans	75	108.59
	Mongoloid and Other Minority Groups	24	119.02
Emotional Abuse	Dravidians	190	148.51
	Indo-Aryans	75	147.83
	Mongoloid and Other Minority Groups	24	108.35
Sexual Abuse	Dravidians	190	147.78
	Indo-Aryans	75	137.33
	Mongoloid and Other Minority Groups	24	146.94

Table 25

Test Statistics: Kruskal-Wallis Tests – Ethnicity/Culture Vs Dimensions of Childhood Maltreatment (n=289)

	Neglect	Physical Abuse	Emotional Abuse	Sexual Abuse
Chi-Square	.572	26.860	5.556	1.304
Df	2	2	2	2
Asymp. Sig.	.751	.001	.062	.521

Note. Kruskal Wallis Test, Grouping Variable: Ethnicity/Culture

The Kruskal-Wallis-Test results for emerging young adults (N = 289) show that

i. emerging young adults from the Mongoloid and Other Minority Groups have experienced higher neglect (*Mean Rank* = 152.15, n = 24) than those from Dravidians (*Mean Rank* = 145.26, n = 190), and Indo-Aryans (*Mean Rank* = 142.05, n = 75), respectively with the test statistics Chi-Square = 0.572, df = 2, p = 0.751. However, the difference is not significant at the 0.05 level.

ii. emerging young adults from the Dravidians have experienced higher physical abuse (*Mean Rank* = 162.65, n = 190) than those from Mongoloid and Other Minority Groups (*Mean Rank* = 119.02, n = 24), and Indo-Aryans (*Mean Rank* = 108.59, n = 75) respectively with the test statistics Chi-Square = 26.860, df = 2, p = 0.001 and the difference is significant at the 0.05 level.

iii. emerging young adults from the Dravidians have experienced higher emotional abuse (*Mean Rank* = 148.51, n = 190) than those from Indo-Aryans (*Mean Rank* = 147.83, n = 75), and Mongoloid and Other Minority Groups (*Mean Rank* = 108.35, n = 24) respectively with the test statistics Chi-Square = 5.556, df = 2, p = 0.062. However, the difference is not significant at the 0.05 level.

iv. emerging young adults from the Dravidians have experienced higher physical abuse (*Mean Rank* = 147.78, n = 190) than those from Mongoloid and Other Minority Groups (*Mean Rank* = 146.94, n = 24), and Indo-Aryans (*Mean Rank* = 137.33, n = 75) respectively with the test statistics Chi-Square = 1.304, df = 2, p = 0.521. However, the difference is not significant at the 0.05 level.

There is a significant difference in the extent of physical abuse based on the ethnicity/culture among male and female Indian Emerging Adults as experienced retrospectively.

There is no significant difference in the extent of neglect, emotional abuse, and sexual abuse based on the ethnicity/culture among male and female Indian Emerging Adults as experienced retrospectively.

Objective 8: To study the influence of the nature of the place born and brought up on neglect, physical abuse, emotional abuse, and sexual abuse among male and female Indian Emerging Adults as experienced retrospectively.

Hypothesis 7: There will be a significant difference in the extent of neglect, physical abuse, emotional abuse, and sexual abuse based on the nature of the place born and brought up among male and female Indian Emerging Adults as experienced retrospectively.

Table 26

Ranks: Kruskal-Wallis Tests – Nature of the place born and brought up *Vs Dimensions of Childhood Maltreatment (n=289)*

	Nature of the place born and brought up	N	Mean Rank
Neglect	On a farm, or in a small village	112	143.74
	A town or small city	117	145.62
	A big city	60	146.15
Physical Abuse	On a farm, or in a small village	112	150.35
	A town or small city	117	153.35
	A big city	60	118.73
Emotional Abuse	On a farm, or in a small village	112	123.25
	A town or small city	117	165.24
	A big city	60	146.13
Sexual Abuse	On a farm, or in a small village	112	133.17
	A town or small city	117	156.31
	A big city	60	145.03

Table 27

Test Statistics: Kruskal-Wallis Tests – Nature of the place born and brought up Vs Dimensions of Childhood Maltreatment (n=289)

	Neglect	Physical Abuse	Emotional Abuse	Sexual Abuse
Chi-Square	.092	8.112	15.946	6.696
Df	2	2	2	2
Asymp. Sig.	.955	.017	.001	.035

Note. Kruskal Wallis Test, Grouping Variable: Nature of the place born and brought up

The Kruskal-Wallis-Test results for emerging young adults (N = 289) show that

i. emerging young adults who born and brought up in a big city have experienced higher neglect (*Mean Rank* = 146.15, n = 60) than those from a town or small city (*Mean Rank* = 145.62, n = 117), and from a farm or in a small village (*Mean Rank* = 143.74, n = 112) respectively with the test statistics Chi-Square = 0.092, df = 2, p = 0.955. However, the difference is not significant at the 0.05 level.

ii. emerging young adults who born and brought up in a town or small city have experienced higher physical abuse (*Mean Rank* = 153.35, n = 117), than those from a farm or in a small village (*Mean Rank* = 150.35, n = 112), and from a big city (*Mean Rank* = 118.73, n = 60) respectively with the test statistics Chi-Square = 8.112, df = 2, p = 0.017 and the difference is significant at the 0.05 level.

iii. emerging young adults who born and brought up in a town or small city have experienced higher emotional abuse (*Mean Rank* = 165.24, n = 117), than those from a big city (*Mean Rank* = 146.13, n = 60), and from a farm or in a small village (*Mean Rank* = 123.5, n = 112) respectively with the test statistics Chi-Square = 15.946, df = 2, p = 0.001 and the difference is significant at the 0.05 level.

iv. emerging young adults who born and brought up in a town or small city have experienced higher sexual abuse (*Mean Rank* = 156.31, n = 117), than those from a big city (*Mean Rank* = 145.03, n = 60), and from a farm or in a small village (*Mean Rank* = 133.17, n = 112) respectively with the test statistics Chi-Square = 6.696, df = 2, p = 0.035 and the difference is significant at the 0.05 level.

There is a significant difference in the extent of physical abuse, emotional abuse, and sexual abuse based on the Nature of the place born and brought up among male and female Indian Emerging Adults as experienced retrospectively.

There is no significant difference in the extent of neglect based on the Nature of the place born and brought up among male and female Indian Emerging Adults as experienced retrospectively.

Objective 9: To study the influence of the current area of living on neglect, physical abuse, emotional abuse, and sexual abuse among male and female Indian Emerging Adults as experienced retrospectively.

Hypothesis 8: There will be a significant difference in the extent of neglect, physical abuse, emotional abuse, and sexual abuse based on the current area of living among male and female Indian Emerging Adults as experienced retrospectively.

Table 28

Ranks: Kruskal-Wallis Tests – Current area of living Vs Dimensions of Childhood Maltreatment (n=289)

	Current area of living	N	Mean Rank
Neglect	Rural	111	143.25
	Semi-Urban	88	147.73
	Urban	90	144.49
Physical Abuse	Rural	111	156.79
	Semi-Urban	88	165.24
	Urban	90	110.67
Emotional Abuse	Rural	111	137.85
	Semi-Urban	88	158.06
	Urban	90	141.05
Sexual Abuse	Rural	111	131.98
	Semi-Urban	88	160.03
	Urban	90	146.37

Table 29

Test Statistics: Kruskal-Wallis Tests – Current area of living Vs Dimensions of Childhood Maltreatment (n=289)

	Neglect	Physical Abuse	Emotional Abuse	Sexual Abuse
Chi-Square	.309	24.212	3.491	8.489
Df	2	2	2	2
Asymp. Sig.	.857	.001	.175	.014

Note. Kruskal Wallis Test, Grouping Variable: Current area of living

The Kruskal-Wallis-Test results for emerging young adults (N = 289) show that

i. emerging young adults who are from Semi-urban areas have experienced higher neglect (*Mean Rank* = 147.73, n = 88) than those from Urban areas (*Mean Rank* = 144.49, n = 90), and from rural areas (*Mean Rank* = 143.25, n = 111) respectively with the test statistics Chi-Square = 0.309, df = 2, p = 0.857. However, the difference is not significant at the 0.05 level.

ii. emerging young adults who are from Semi-urban areas have experienced higher physical abuse (*Mean Rank* = 165.24, n = 88) than those from rural areas (*Mean Rank* = 156.79, n = 111), and from Urban areas (*Mean Rank* = 110.67, n = 90) respectively with the test statistics Chi-Square = 24.212, df = 2, p = 0.001 and the difference is significant at the 0.05 level.

iii. emerging young adults who are from Semi-urban areas have experienced higher emotional abuse (*Mean Rank* = 158.06, n = 88) than those from Urban areas (*Mean Rank* = 141.05, n = 90), and from rural areas (*Mean Rank* = 137.85, n = 111) respectively with the test statistics Chi-Square = 3.491, df = 2, p = 0.175. However, the difference is not significant at the 0.05 level.

iv. emerging young adults who are from Semi-urban areas have experienced higher sexual abuse (*Mean Rank* = 160.03, n = 88) than those from Urban areas (*Mean Rank* = 146.37, n = 90), and those from rural areas (*Mean Rank* = 131.98, n = 111) respectively with the test statistics Chi-Square = 8.489, df = 2, p = 0.014 and the difference is significant at the 0.05 level.

There is a significant difference in the extent of physical abuse and sexual abuse based on the current area of living among male and female Indian Emerging Adults as experienced retrospectively.

There is no significant difference in the extent of neglect and emotional abuse based on the current area of living among male and female Indian Emerging Adults as experienced retrospectively.

Objective 10: To explore the significant predictors of child maltreatment among male and female Indian Emerging Adults as experienced retrospectively.

Hypothesis 9: The socio-demographic variables significantly predict child maltreatment among male and female Indian Emerging Adults experienced retrospectively.

Table 30

Linear Regression Analysis

Criterion Variables	Predictor Variables	Model Summary and ANOVA					Coefficients		
		r	R^2	*Df*	*F*	*p-value*	*Std. Beta*	*t-value*	*p-value*
Sexual Abuse	Gender	0.127	0.016	1,285	4.677	**0.031**	0.127	2.163	**0.031**
Physical Abuse	Nature of Family	0.292	0.085	1,287	26.754	**0.001**	-0.292	-5.172	**0.001**
Emotional Abuse	Nature of Family	0.099	0.010	1,287	2.869	0.091	-0.099	-1.694	0.091
Sexual Abuse	Socioeconomic Status	0.153	0.023	3,285	2.271	0.080			
	Upper Lower Class Vs Other Class						0.086	1.101	0. .272
	Lower Middle-Class Vs Other Class						-0.096	-1.157	0.248
	Upper Middle-Class Vs Other Class						0.022	0.266	0.790
Physical Abuse	Ethnicity	0.289	0.084	1,287	13.037	**0.001**			
	Dravidians Vs Others						0.256	2.589	**0.010**
	Indo-Aryans Vs Others						-0.039	-.0395	0.693
Physical Abuse	Born and Brought up	0.152	0.023	2, 286	3.383	**0.035**			
	On a farm, or in a small village Vs Others						.177	2.287	**0.023**
	A town or small city Vs Others						.189	2.435	**0.015**
Emotional Abuse	Born and Brought up	0.212	0.045	2, 286	6.739	**0.001**			
	On a farm, or in a small village Vs Others						-0.150	-1.960	**0.050**
	A town or small city Vs Others						0.081	1.057	0.291
Sexual Abuse	Born and Brought up	0.117	0.014	2, 286	1.995	0.138			
	On a farm, or in a small village Vs Others						-0.095	-1.227	0.221
	A town or small city Vs Others						0.030	0.384	0.701
Physical Abuse	Current Area of Living	0.273	0.075	2, 286	11.515	**0.001**			
	Rural Vs Others						0.259	3.875	**0.001**
	Semi-urban Vs Others						0.296	4.438	**0.001**
Sexual Abuse	Current Area of Living	0.117	0.014	2, 286	1.994	0.138			
	Rural Vs Others						-0.048	-0.700	0.484
	Semi-urban Vs Others						0.085	1.228	0.220

The regression analysis illustrates that

i. The predictor variable gender significantly contributed 1.6% of the variance [$r = 0.127$, $R^2 = 0.016$, $F\ (1,285) = 4.677$, $p = 0.031$] on the criterion variable sexual abuse with $\beta = 0.127$, $t = 2.163$, and $p = 0.031$.

ii. The predictor variable nature of family significantly contributed 8.5% of the variance [$r = 0.292$, $R^2 = 0.085$, $F\ (1,287) = 26.754$, $p = 0.001$] on the criterion variable physical abuse with $\beta = -2.292$, $t = -5.172$, and $p = 0.001$

iii. The predictor variable nature of family contributed 1% of the variance [$r = 0.099$, $R^2 = 0.010$, $F\ (1,287) = 2.869$ $p = 0.091$] on the criterion variable emotional abuse with $\beta = -0.099$, $t = -1.694$, and $p = 0.091$ and, the model is not significant.

iv. The predictor variable socioeconomic status of the family contributed 2.3% of the variance [$r = 0.153$, $R^2 = 0.023$, $F\ (3,285) = 2.271$ $p = 0.080$] on the criterion variable sexual abuse with $\beta = 0.086$, $t = 1.101$, and $p = 0.272$ (Upper Lower Class), $\beta = -0.096$, $t = -1.157$, and $p = 0.248$ (Lower-Middle Class), and $\beta = 0.022$, $t = 0.266$, and $p = 0.790$ (Upper-Middle Class). The regression model is not significant.

v. The predictor variable ethnicity significantly contributed 8.4% of the variance [$r = 0.289$, $R^2 = 0.084$, $F\ (2,286) = 13.037$, $p = 0.001$] on the criterion variable physical abuse with $\beta = 0.256$, $t = 2.589$, and $p = 0.010$ (Dravidians) and $\beta = -0.039$, $t = -0.395$, and $p = 0.693$ (Indo-Aryans).

vi. The predictor variable place born and brought up in significantly contributed 2.3% of the variance [$r = 0.152$, $R^2 = 0.023$, $F\ (2,286) = 3.383$, $p = 0.035$] on the criterion variable physical abuse with $\beta = 0.177$, $t = 2.287$, and $p = 0.023$ (On a farm, or in a small village) and $\beta = 0.189$, $t = 2.435$, and $p = 0.015$ (A town or small city).

vii. The predictor variable place born and brought up in significantly contributed 4.5% of the variance [$r = 0.212$, $R^2 = 0.045$, $F\ (2,286) = 6.739$, $p = 0.001$] on the criterion variable emotional abuse with $\beta = -0.150$, $t = -1.960$, and $p = 0.050$ (On a farm, or in a small village) and $\beta = 0.081$, $t = 1.057$, and $p = 0.291$ (A town or small city).

viii. The predictor variable place born and brought up in contributed 1.4% of the variance [$r = 0.117$, $R^2 = 0.014$, $F\ (2,286) = 1.995$, $p = 0.138$] on the criterion variable sexual abuse with

β = -0.095, t = -1.227 and p = 0.221 (On a farm, or in a small village) and β = 0.030, t = 0.384, and p = 0.701 (A town or small city). The regression model is not significant.

ix. The predictor variable current area of living significantly contributed 7.5% of the variance [r = 0.273, R^2 = 0.075, F *(2,286)* = 11.515, p = 0.001] on the criterion variable physical abuse with β = 0.259, t = 3.875, and p = 0.001 (Rural Area) and β = 0.296, t = 4.438, and p = 0.001 (Semi-urban Area).

x. The predictor variable current area of living significantly contributed 7.5% of the variance [r = 0.273, R^2 = 0.075, F *(2,286)* = 11.515, p = 0.001] on the criterion variable physical abuse with β = 0.259, t = 3.875, and p = 0.001 (Rural Area) and β = 0.296, t = 4.438, and p = 0.001 (Semi-urban Area).

Hence, it is concluded that

Gender, place born and brought up, and current area of living are a significant predictor of sexual abuse among male and female Indian Emerging Adults as experienced retrospectively.

Nature of the family, ethnicity, place born and brought up, and current area of living are the significant predictors of physical abuse among male and female Indian Emerging Adults as experienced retrospectively.

Place born and brought up is a significant predictor of emotional abuse among male and female Indian Emerging Adults as experienced retrospectively.

Discussion, Summary, and Conclusion

This section includes a discussion of the findings of the study based on the existing literature. Followed by the summary of findings, strengths and limitations of the study, scope for further studies, and conclusion.

Discussion

The sample consisting of 289 was representative of the college-going emerging adult population in India of which 146 were males, and 141 were females. The majority of the participants had the highest educational qualifications such as 12^{th}/PUC (44.3%) and UG (43.9%). The current status shows that 85.5% of the participants were currently studying for various courses at undergraduate and postgraduate levels. The distribution of participants by current living area was nearly equal among rural, semi-urban, and urban locations. However, the zone-wise distribution varied, with the majority of participants coming from the Southern Zone of the country.

The major finding of this study indicates that the prevalence of child maltreatment among 289 participants were notably high with physical abuse (69.6%) followed by emotional abuse (65.4%), sexual abuse (30.1%), and neglect (19.4%). In a cross-sectional survey conducted in Kerala, India, Kumar et al. (2019) explored child abuse prevalence using the International Society for the Prevention of Child Abuse and Neglect (ISPCAN) Child Abuse Screening Tool – Child, Home Version (ICAST-CH). Among adolescents, 90% reported some form of abuse, with 57.6% experiencing lifetime exposure to violence. Notably, the one-year prevalence of physical abuse was 70.8%, emotional abuse was 73.4%, and neglect was 66.9%. Sexual abuse was reported by 14% of females and a striking 34.2% of males. Factors such as family structure, religion, and gender influenced abuse rates. However, the study's focus on home settings limited its scope, and broader social contexts were not fully considered. A one-year prevalence of any abuse was 89.9% and child maltreatment was widespread in which physical and emotional abuse were very common. It was also reported that across all the categories of abuse, the abuses were more reported among boys.

In the present study, the prevalence rate of neglect was 19.4 %. The lifetime prevalence rate of neglect reported in the study done in Kerala (Kumar, 2019) was 66.9% in contrast to that reported 83.2% in the Balkan countries and 50.2% in Saudi Arabia (Al-Eissa et al., 2016; Nikolaidis et al., 2018). However, the figures are higher than the 16.3% reported for physical neglect in a 13-study meta-analysis (Stoltenborgh et al., 2013).

The comparative analysis of the current study revealed the significant influences of various factors such as gender, nature of family, socio-economic status, ethnicity, place of born and brought up and area of living. The significant results from this are-

- Females have experienced significantly higher sexual abuse than males.
- Participants from the heterodox family have experienced significantly higher emotional abuse than those from the orthodox family.
- Participants from the upper-lower class have experienced significantly higher sexual abuse than those from other socio-economic classes.
- Participants from the Dravidian ethnicity have experienced significantly higher physical abuse than those from ethnic groups.
- Participants who were born and brought up in a town or small city have experienced significantly higher physical, emotional and sexual abuse than those who were from a farm or in a small village and from a big city.
- Participants from Semi-urban areas have experienced significantly higher physical and sexual abuse than those from rural and urban areas.

The literature evidence observed a higher prevalence of sexual abuse among males than females (Al-Eissa et al., 2016; Krishnakumar, Satheesan, Geeta, & Sureshkumar, 2014; Kumar, Kumar, Singh, & Kar, 2017). Given the psycho-social and cultural implications of sexual abuse. Also, there is a possibility of under-reporting of sexual abuse by both genders due to various extraneous factors. Conceptions of male superiority and the expectation that they will outgrow the experience prevent men from reporting and seeking help for sexual abuse (Subramaniyan et al., 2017). Males were more likely to face sexually abusive experiences from other children or adolescents while females were abused more often by adults. This may be related to the

segregation of the sexes, particularly during adolescence, and limitations in the opportunities for interactions with the opposite sex.

The major risk factors identified in this study which influence Child Maltreatment are gender, nature of family (heterodox and orthodox), socio-economic status of the family, ethnicity, place of born and upbringing, and the area of living.

Summary of Findings

1. The prevalence of child maltreatment among 289 participants was high in terms of physical abuse (69.6%) followed by emotional abuse (65.4%), sexual abuse (30.1%), and neglect (19.4%).
2. Among the participants (n=87) who experienced any kind of sexual abuse in their childhood, nearly 50% of the participants had never told any person about unwanted sexual experiences before.
3. There is a significant gender difference in the extent of sexual abuse among male and female Indian Emerging Adults as experienced retrospectively. However, there is no significant gender difference in the extent of neglect, physical abuse, and emotional abuse, among male and female Indian Emerging Adults as experienced retrospectively.
4. There is no significant difference in the extent of neglect, physical abuse, emotional abuse and sexual abuse based on family type among male and female Indian Emerging Adults as experienced retrospectively.
5. There is a significant difference in the extent of physical abuse and emotional abuse based on the nature of family among male and female Indian Emerging Adults as experienced retrospectively. However, there is no significant difference in the extent of neglect and sexual abuse based on the nature of family among male and female Indian Emerging Adults as experienced retrospectively.
6. There is no significant difference in the extent of neglect, physical abuse, emotional abuse, and sexual abuse based on the fathers' or mothers education among male and female Indian Emerging Adults as experienced retrospectively.

7. There is a significant difference in the extent of sexual abuse based on the socioeconomic status of the family among male and female Indian Emerging Adults as experienced retrospectively. However, there is no significant difference in the extent of neglect, physical abuse, and emotional abuse based on the socioeconomic status of the family among male and female Indian Emerging Adults as experienced retrospectively.
8. There is a significant difference in the extent of physical abuse based on the ethnicity/culture among male and female Indian Emerging Adults as experienced retrospectively. However, there is no significant difference in the extent of neglect, emotional abuse, and sexual abuse based on the ethnicity/culture among male and female Indian Emerging Adults as experienced retrospectively.
9. There is a significant difference in the extent of physical abuse, emotional abuse, and sexual abuse based on the Nature of the place born and brought up among male and female Indian Emerging Adults as experienced retrospectively. But, there is no significant difference in the extent of neglect based on the Nature of the place born and brought up among male and female Indian Emerging Adults as experienced retrospectively.
10. There is a significant difference in the extent of physical abuse and sexual abuse based on the current area of living among male and female Indian Emerging Adults as experienced retrospectively. However, there is no significant difference in the extent of neglect and emotional abuse based on the current area of living among male and female Indian Emerging Adults as experienced retrospectively.
11. Gender, place born and brought up, and current area of living are a significant predictor of sexual abuse among male and female Indian Emerging Adults as experienced retrospectively.
12. Nature of the family, ethnicity, place born and brought up, and current area of living are the significant predictors of physical abuse among male and female Indian Emerging Adults as experienced retrospectively.
13. Place born and brought up is a significant predictor of emotional abuse among male and female Indian Emerging Adults as experienced retrospectively.

Strengths and Limitations of the Study

The current study has a modest sample size amongst Indian studies that investigate abuse which may have been experienced by emerging adults retrospectively in home settings. The study was administered by enumerators who were trained in Psychology & Counseling Psychology who were trained and knew the ethical guidelines. They were prepared in case of any trigger the participant may have experienced. However, no such incidence was reported.

The current study was a retrospective study on emerging adults. This was one of the major limitations in gauging the information accurately as the participants were either not aware of or did not remember the past incidents. It was limited to abusive experiences in home settings. Therefore, the findings are likely to underestimate the true prevalence of abuse in a wider social setting and the findings may not be generalizable to all young people in that age group or to students of all age groups.

Scope for Further Studies

1. Further studies are required to understand and compare the prevalence of childhood maltreatment of adolescents and young adults retrospectively as well as prospectively.
2. Further studies are required to gauge the information on childhood maltreatment in various settings such as home, school, community, and society at large.
3. Longitudinal studies are required to explore the various extraneous and confounding factors that adversely influence childhood maltreatment.
4. Intervention-based studies are required to propose effective strategies to overcome childhood maltreatment issues in homes, schools, and communities.

Conclusion

Although exposure to violence, abusive experiences, and neglect in the home settings may be “occasional” experiences rather than “frequent”, a considerable proportion of adolescents have encountered such abuse. The data also implies looking into passive and active abuse and

there is a gap here to identify the same. Except for exposure to violence, all the abusive experiences are significantly more frequently reported by boys rather than girls. The spectrum of abusive experiences is very wide and this necessitates multi-layered interventions that focus on the family environment and the quality of the relationship adults have with children. The prevailing popular notions of abuse relate only to extreme forms of sexual and physical abuse. The wider dimensions and expressions of abuse need to be highlighted in awareness programmes. Child abuse is a considerable societal and health-related burden that must be tackled by providing positive parenting training based on rights-based approaches, improving reporting systems, and building integrated support structures

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Appendix