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## **Socially-Demographic Characteristics of Primary School age Children who Have Traumatic Experience**

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*In the following work we have studied the prevalence of physical abuse among Mongolian primary school age children, and analyzed the basic socially-demographic indices of children who have experienced physical abuse. In particular, we have analyzed the age, sex and functioning of children who have experienced physical abuse, as well as their bodily assaults and injuries and some relationship peculiarities with their violent offenders. Besides, in the given paper we have studied family characteristics of children who have experienced physical abuse, which include family structure, housing conditions, family income, parental functioning, as well as the sources of stressors and the types of physical abuse at home and their duration.*

*Keywords: physical abuse, posttraumatic stress, socially-demographic and family characteristics of primary school age children who have traumatic experience caused by physical abuse.*

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A number of natural and anthropogenic accidents, local wars and acts of terrorism have been sharply increasing in many countries in the world from the year 2000, and a wide prevalence of posttraumatic stress has been registered among their population (Breslau, 2009; Tarabrina, 2009; Trends in Post-Traumatic., 2005). In particular, it is written in one investigation, which has recently been published in Germany, that symptoms of posttraumatic stress are substantiated approximately among 35 % of the people living in big cities (Stadt und Trauma, 2004).

According to the psychologists data, Ulan-Bator, one of the major cities in Asia, has also been noted by a high level of posttraumatic stress: in 2006 the number of posttraumatic stress

increased by 12,4% among various groups of Mongolian population, in comparison with 2004 (Nyamaa, 2006).

Although Mongolia is one of the countries with a high risk of occurrence of posttraumatic stress, there has not been conducted any serious study on the problems of posttraumatic stress among children having traumatic experience. Thus, we have tried to conduct the investigation to establish the prevalence of posttraumatic stress among the Mongolian children, well as well to study some socially-demographic characteristics among children having suffered from traumatic experience.

The study has involved 228 primary school children aged from 7 to 8 years old. To assess

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posttraumatic stress in children, we were asked to include the changes in the child’s development (regression, withdrawal), self-regulation (sleep patterns, elimination), and emotions (child crying, clinging, or anxious) that were apparent for 72 hours at least. On the basis of the data obtained from a child by a semi-structured interview involving posttraumatic stress symptoms, we divided all the subjects into two main parts: children who do not have traumatic experience and children who have experienced physical abuse (see table 1). The investigated cases were classified as physical abuse if the investigated child was thought to have suffered, or to be at substantial risk of suffering, physical harm from a violent offender.

Table 1 shows that posttraumatic stress caused by physical abuse was noted in almost half (46,1 %) of all investigated children. Therefore, we turn to substantiated cases of physical abuse, and analyze socially-demographic characteristics of these children on the following parameters:

1. Subtypes of physical abuse;
2. Psychological harm;
3. Duration of physical abuse;
- 4 Violent offenders.;
5. Age and sex of physically abused children;
6. Child functioning;
7. Parent and other family members at home;
8. Family income;
9. Housing;
10. Caregiver functioning and family stressors.

*Subtypes of Physical Abuse:*

Physical abuse is a deliberate application of force to any part of the child’s body, which results or may result in a non-accidental injury. It may involve hitting a child a single time, or it may involve a pattern of incidents. Psychological abuse also includes behaviour such as shaking, choking, biting, kicking, burning or poisoning a child, holding a child under water, or any other harmful or dangerous use of force or restraint.

The physical abuse includes three subtypes: shaken baby syndrome; inappropriate punishment, and other physical abuse.

Our investigation shows that the majority (62 %) of the substantiated investigation of physical abuse involved inappropriate punishment, although other more severe forms of abuse accounted for almost one-third (35 %). Shaken baby syndrome, in contrast, accounted for approximately 3 % of the substantiated investigation (see Fig. 1).

*Psychical Harm:*

Physical harm was often noted in physical abuse cases. In our investigation physical harm was also documented: nearly half (46 %) of the all substantiated cases of physical abuse was described as involving physical harm. The vast majority of injuries (92 %) involved bruises, cuts, scrapes, burns, scalds, broken bones, and head trauma.

About three-quarters of the cases involving physical harm did not require any treatment, whereas in the remaining one-quarter the harm was sufficiently severe to require medical treatment.

Table 1. The Ratio of Number of Children

Subjects	Numbers of children
Children who do not have a traumatic experience	156
Children who have experienced physical abuse	72

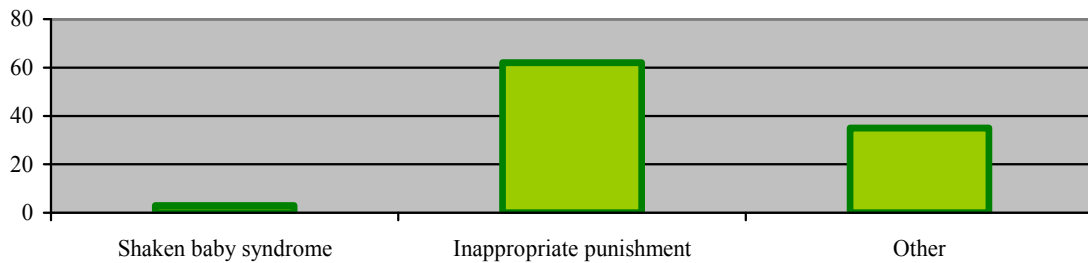


Fig. 1. Forms of Substantiated Physical Abuse

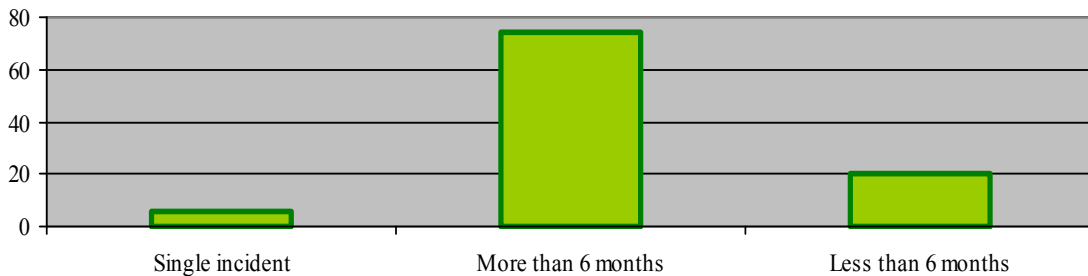


Fig. 2. Duration of Substantiated Physical Abuse

*Duration of physical abuse:*

The next parameter of our analysis is the duration of physical abuse. To assess the duration of physical abuse we have used the following three-point scales: Single incident; Multiple incidents occurring for less than 6 months; Multiple incidents occurring for more than 6 months.

The conducted analysis shows that physical abuse was most likely to have continued beyond 6 months: 74 % of substantiated physical abuse was over 6 months in duration, whereas single incidents and those continuing for less than 6 months in duration accounted for another 26 % of the cases (6 % and 20 % respectively) (see Fig. 2).

*Violant offenders:*

Marital violence, betrayal or sudden and strong parental outbursts are risk factors in the development of physical abuse. For example, children, having been physically abused at

home, experience ongoing, uncontrollable event that is a pervasive challenge to their successful development and adaptation and pose a threat to their core psychological wellbeing.

According to our investigation, family members related to the child victim constituted the vast majority of violant offenders. In particular, almost 9 out of 10 biological parents (84 %) were violant offenders: about three-quarters of biological mothers were identified as violant offenders, whereas almost half of biological fathers were identified as violant offenders. Step-mothers were violant offenders in 9 % of substantiated cases of physical abuse, closely followed by step-father (5 %). The category “other” had a negligible number of reports (2 %). Fig. 3 shows the proportion of violant offenders.

This distribution may be somewhat biased by the fact that 32,4 % of investigated families were female-parent families. The findings may reflect the interconnection between child physical abuse, poverty, and single female-headed households.

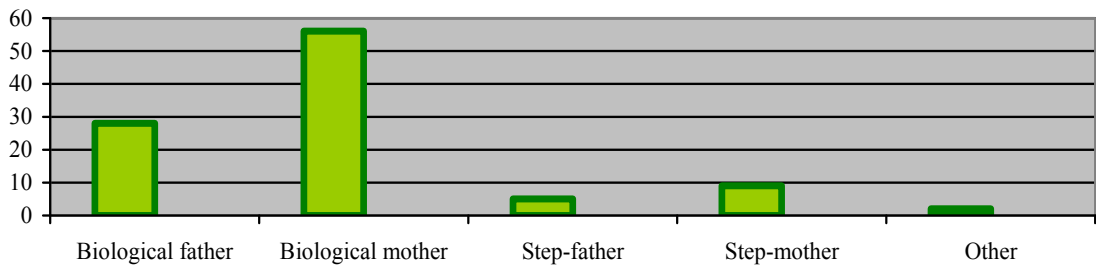


Fig. 3. Proportion of violent offenders

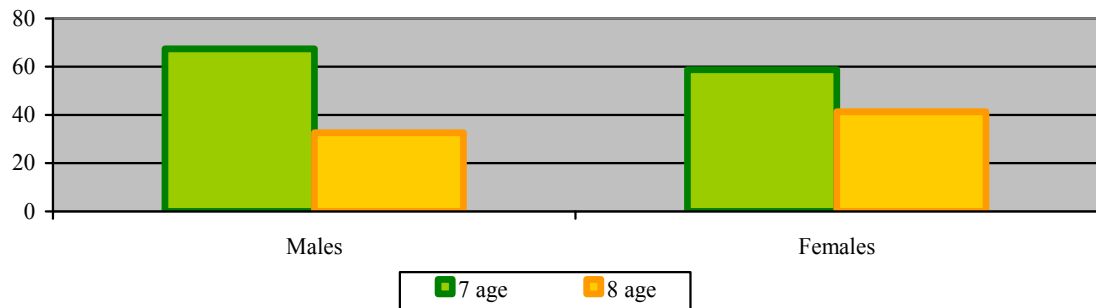


Fig. 4. Age and Sex Distribution of Physically Abused Children

### Age and Sex of Physically Abused Children

Knowledge of the age and sex of maltreated children helps to understand the possible developmental factors that might increase the risk of maltreatment. Some factors of child maltreatment are more likely to occur among children at particular age or them having a particular sex. For example, child neglect is thought to be more common among younger children, who require greater parental supervision (in their infancy and toddlerhood).

Our investigation shows that among substantiated cases of physical abuse age and sex distribution was uneven: in all substantiated cases of physical abuse, 59,7 percent were boys and 40,3 percent were girls. Fig. 4 shows the distribution of age and sex of physically abused children.

As shown in Fig. 1, the highest proportions of substantiated cases of physical abuse occurred

among boys aged 7.00-7.11 years (67,4 %) and girls aged 7.00-7.11 years (58,7 %). Notably, there was a linear age trend for both sexes, in that physical abuse was generally lower in the older age group (8.00-8.11 years) and significantly increased among younger children (7.00-7.11 years).

### Child Functioning

Although physically abused children experience more dramatic event, such as marital violence, separation of family members, bruises, cuts, and burns, they will not develop a psychological disorder. However, they are at a much greater risk of significant emotional and adjustment problems, including aggression and violence. Because physically abused children do not only experience ongoing, uncontrollable events, they also live in dangerous environmental circumstances, such as unfriendly interactions, chaotic lifestyle, few learning opportunities. Therefore, a study of child functioning has not

only got theoretical importance but practical significance as well.

To assess child functioning reflecting physical, emotional, and cognitive health and behavioural issues, we used a checklist that included the following categories: Developmental Delay; Physical/Developmental Disability; Substance Abuse Related Birth Defects; Depression or Anxiety; Self-Harming Behaviour; Negative Peer Involvement; Behaviour Problems in the Home/Community; Violence to Others; Running away from home; Irregular School Attendance; Criminal/Young Offender Act Involvement. In addition, we were asked to indicate problems that had been confirmed by a formal diagnosis and/or directly observed, as well as issues that they suspected were problems but could not fully verify at the time of the investigation.

According to the data of our investigation, more physically abused children were reported as having considerable problems in child functioning: in over half (68 %) of substantiated physical abuse cases, child was described as having the following types of child functioning issue: developmental delay, depression and anxiety, behaviour problem, negative peer involvement, running away from home, violence to others, irregular school attendance and physical developmental disability. As shown in Fig. 5, the five most often indicated concerns were behaviour problems (46 %), depression and anxiety (23 %),

negative peer involvement (10 %), developmental delay (7 %), and running away from home (5 %). Overall, a physical, emotional, or cognitive health issue was reported in 54 % of substantiated physical abuse cases, and a behavioural issue was indicated in almost half (46 %) (see Fig. 5).

### Parent and Other Family Members in the Home

Family characteristics provide important information concerning the household structure and context of child maltreatment. Research suggests, for example, that children living with a single parent are at significantly greater risk of both physical abuse and neglect, most likely because of additional stress, fewer resources and opportunities to share child caring burdens, and lower socioeconomic status than in two-parent homes. Similarly, maltreatment, especially physical and educational neglect, is more common in larger families, where extra children in the household mean extra tasks, responsibilities and demands.

We gathered information on up to two of the child's parents or other caregivers. For each listed caregiver, we were asked to choose the category that is best described the relationship between the caregiver and the children at home. If the caregiver was a biological parent to one child and a step-parent to another child in the family, we were asked to use 'step-parent' to describe that caregiver. If recent household changes had

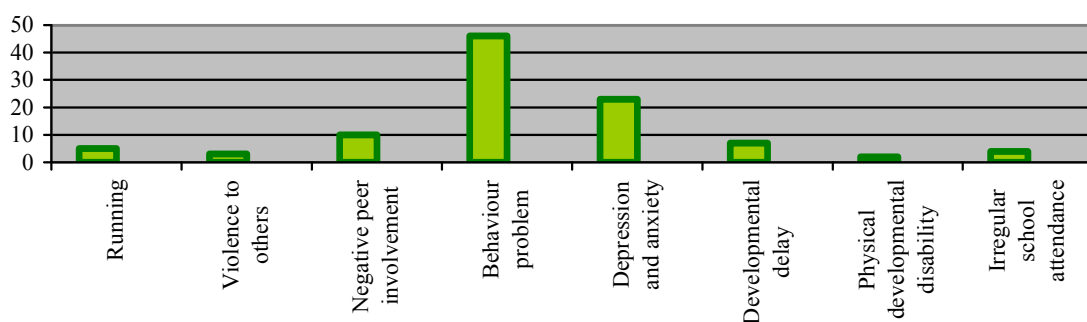


Fig. 5. Child Functioning: Behavioural, Physical, Emotional, and Cognitive Health

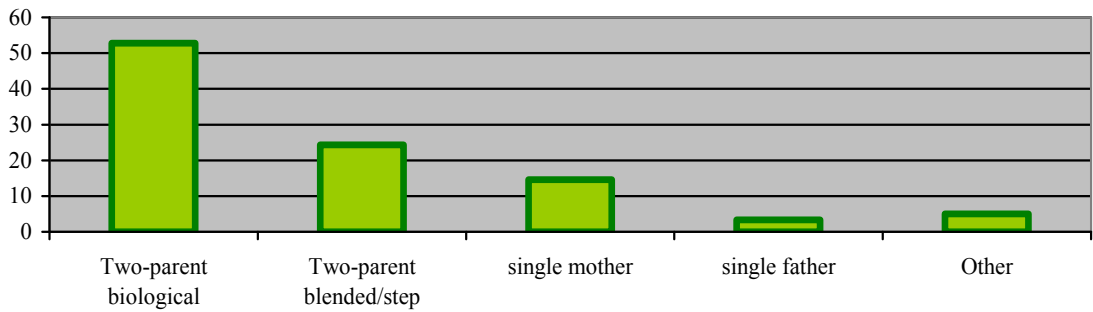


Fig. 6. Household Structure

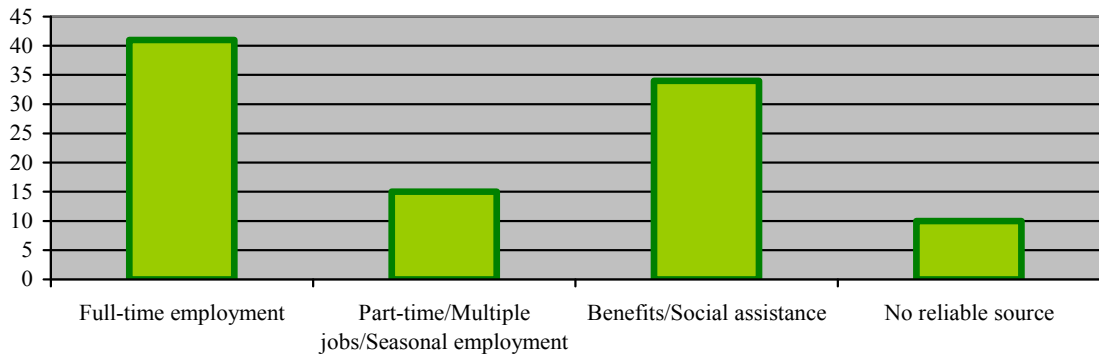


Fig. 7. Household Source of Income

occurred, we were asked to describe the situation at the time the referral was made.

At the time of the study, about one in of the 5 substantiated cases (17,9%) involved children who lived in a family with a single parent: vast majority (14,6 %) of the children lived alone with their mother, and 3,3 % with their father. Another 52,8 % of cases involved children who lived with their two biological parents, and in 24,3 % the child lived in a two-parent blended family in which one of the caregivers was a step-parent (see Fig. 6).

### Family Income

Child maltreatment happens due to several major environmental conditions, where a low socioeconomic status and housing conditions play a significant role.

Recent studies suggest that the connection between child maltreatment and poverty is not

likely due to a reporting bias. This implies that the economically based context of maltreatment – restricted childcare opportunities, crowded and unsafe housing, and so forth – is a powerful contributor to incidence rates.

We were asked to choose the income source that is best described in the primary source of the caregiver’s income. According to the income source, there are six possible classifications: Full-Time; Part-Time/Multiple Jobs/Seasonal Employment; Benefits/Employment Insurance/Social Assistance; No Reliable Source.

Our investigation shows that over half (56 percent) of families of physically abused children got their household income from full- or part-time employment, and over one-third (34 percent) had to rely on social assistance or some other form of benefits (see Fig. 7).

*Housing:*

Child maltreatment, neglect in particular, is often associated with a lack of basic necessities that keep children safe and healthy. Poverty, family chaos and unpredictability, household crowding, and frequent residence changes have been shown to be characteristic of both unintentional child injury as well as child maltreatment, suggesting that risk of injury tends to grow as the number of such stressors increases. In addition, home safety includes many factors, such as children’s exposure to toxic substances, improper storage of medications or firearms, broken and unsafe heating appliances. Similarly, the household may become a hazard to children’s health and safety if parents/caregivers do not properly look after pets, laundry, dishes and similar day-to-day chores.

We were asked to select the housing accommodation category that is best described in the investigated child’s household situation: Private Rental Accommodation; Rental Unit in a Public Housing Complex; Purchased Home; Shelter/Hotel; Other.

In addition to a housing type, we were asked to indicate whether the child under study lived in unsafe housing conditions where children were at risk of injury or impairment from their living situation. We also noted the number of family moves in the 6 months before the investigation.

At the time of the study, almost one-third of all substantiated cases of physical abuse

(31 percent) involved children living in rental accommodations, 68 percent in purchased homes, and 1 percent in shelters or hotels (see Fig. 8).

Housing conditions were mostly described as safe (74 %), although in more than 1 in 4 cases (26 %) the child was considered to be living in unsafe conditions. In addition, in about 1 in 5 substantiated cases the child had experienced one or more moves in the previous 6 months.

*Caregiver Functioning and Family Stressors:*

Maltreating parents often have had little exposure to positive parental models and supports, and their family backgrounds are often difficult and marked by violence, alcoholism, and heavy family circumstances. They find daily living stressful and irritating, and thus prefer to avoid potential sources of support because additional energy is needed to maintain social relationships. Maltreatment families also lack significant social connections to others in the extended family, neighbourhood, community, and to the social agencies that are most likely to provide needed assistance. Social isolation is commonly associated with other stressful living conditions, such as a lack of adequate day care, peer groups of close friends, and adequate housing.

Spouse abuse is more likely to co-occur with child maltreatment. Thus we examined



Fig. 8. Housing Type

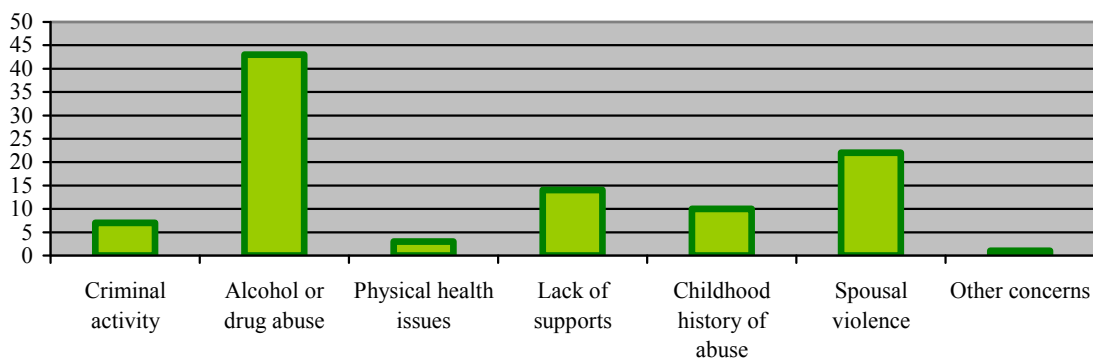


Fig. 9. Caregiver Functioning and Family Stressors

concerns related to family stressors and caregiver functioning with the use of a checklist of 7 items that could apply to either caregiver. Where applicable, the reference point for identifying concerns about caregiver functioning was the previous 6 months. The checklist included the following: Alcohol or Drug Abuse; Criminal Activity; Physical Health Issues; Lack of Social Supports; Childhood History of Abuse; Spousal Violence; Other Concerns.

According to our investigation, at least one caregiver functioning / family stressor issue was identified in three-quarters (75 %) of the all investigated cases. Almost one-half of the caregivers of physically abused children suffered from alcohol or drug abuse (43 %), followed by spousal violence (22 %), lack of support (14 %), childhood history of abuse (10 %), criminal activity (7 %), physical health issues (3 %), and other concerns (1 %) (see Fig. 9).

On the basis of the conducted investigation we can draw the following conclusion:

1. Physical abuse is widely prevailed among various groups of primary school age children in Mongolia: it was substantiated in 46,1 % of all investigated cases.

2. The majority of physically abused Mongolian children had inappropriate punishment that is the basic of three forms of physical abuse. In majority of cases physical harm involved bruises, cuts, scrapes, burns, scalds, broken bones, and head trauma. Physical abuse was mostly committed by biological parents, especially by mothers.

3. Under-employment, family income of parents living below the poverty line, single female-headed households, bad housing condition, stressful family atmosphere, in particular, parental alcohol or drug use, spousal violence are the primary reasons for child physical abuse.

4. There is a link between a physical abuse and age, sex of children: boys are more suffered from physical abuse than girls. The highest frequency of physical abuse is among boys and girls aged 7.00-7.11 years.

5. Physically abused children commonly suffer from stress-related symptoms, such as depression or anxiety, running away from home, as well as behavioural problems, such as developmental retardation, violence to others, negative peer involvement.

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## **Социально-демографические характеристики у младших школьников, имеющих травматический опыт**

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*В работе мы изучили распространенность физического насилия среди монгольских детей младшего школьного возраста и проанализировали основные социально-демографические показатели детей, переживших физическое насилие. В частности, проанализированы возраст, пол и функционирование у детей, переживших физическое насилие, а также их телесные повреждения и особенности отношений к насильникам. Кроме того, в данной статье изучены семейные характеристики у детей, переживших физическое насилие, которые включают в себя состав семьи, жилищные условия, семейный доход и функционирование родителей, а также источники стрессоров и типы физического насилия в семье и их продолжительность.*

*Ключевые слова: физическое насилие, посттравматический стресс, социально-демографические и семейные характеристики у детей младшего школьного возраста, имеющих травматический опыт, вызванный физическим насилием.*

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