

PARENTAL ACCEPTANCE-REJECTION AND BEHAVIORAL PROBLEMS IN ADOLESCENTS WITH SEXUAL AND PHYSICAL ABUSE

Anum Anjum,^{*} Urooj Sadiq,^{**} and Musfirah Nasr Chaudhry^{***}
anamanjum133@gmail.com

Fountain House, Farooqabad.^{*} Department of Professional Psychology, Bahria University, Lahore, Campus.^{**} Department of Behavioral Sciences, Azra Naheed Dental College (ANDC), Superior University, Lahore.^{***}

ABSTRACT

Objective: The study was conducted to investigate the relationship of parental acceptance-rejection and behavioral problems in adolescents with sexual and physical abuse

Design of the study: In this study cross-sectional research design was employed.

Place and Duration of the study: Different NGOs of Lahore, Pakistan during the period of August 2018 to January 2019

Sample and Method: The sample size was comprised of 100 abused adolescents including 50 with sexual and 50 with physical abuse taken from different NGOs of Lahore through the purposive sampling strategy. Parental Acceptance-Rejection Questionnaire (Rohner, 1984) and Strength and Difficulties questionnaire (Goodman, 1997) were used to measure the study variables. Descriptive statistic, Simple Linear Regression analysis and Independent sample *t*-test were used for analysis of the study variables.

Results and Conclusion: It was found that paternal and maternal rejection positively predicts ($p < .01$) the behavioral problems in adolescents with sexual and physical abuse. It was also indicated that paternal and maternal acceptance negatively predicts ($p < .01$) the behavioral problems in adolescents with sexual abuse and physical abuse. Significant differences were found in behavioral problems in adolescents with sexual and physical abuse. Results showed that sexually abused adolescents showed higher level of behavioral problems than physically abused adolescents. The present study showed that there is a strong predictive relationship of parental acceptance and rejection with behavioral problems in adolescents with sexual and physical abuse.

Keywords: Parental acceptance-rejection; Behavioral problems; Sexual abuse, Physical abuse

INTRODUCTION

All over the worldwide, Child abuse is considered as a most prevalent problem. The increasing cycle of child abuse in community is imposing several social issues. Generally, it's any parental/caretaker act leading to any types of abuse including : physical abuse, sexual abuse, emotional harm, or exploitation of children (National Clearinghouse on Child Abuse and Neglect Information, 2002). Child abuse affect more during developmental phases than childhood, as the physical and psychological injuries affect more as the understanding increases about being abused. Mostly the victims of abuse are not in a position to defend or oppose the act of abuse as they are physically weak and mostly dependent on their caretakers, parents or family. The basic ground for development, socialization and growth is childhood, this growth and development start exhibiting during adolescence by being productive and contributing part of society. Any kind of abuse during the socialization process usually serves as a negative contributor in the positive development and growth which not only affect their life later on but also deprived the society from a healthy member (World Health Organization, 2012).

Approximately, 8% of children with abuse suffer in different kind of disabilities, such as mental retardation, hearing and visual impairment, learning and physical disabilities, medical issues or behavioral problems. These kinds of disabilities can enhance the chances of reoccurrence of abuse by 52% than those without a disability (National Child Abuse and Neglect Data System, 2006). Due to this abused adolescents and adults are more susceptible to faced physical, behavioral and mental health problems such as: hyperactivity, depression, smoking, obesity, high-risk sexual behaviors (World Health Organization, 2014).

Sexual abuse occurs when someone exploits or harasses other by means of sexual activity or molestation. Sexual abuse is the indulgence of a child without his/her consent. Child sexual abuse can perform by a relative/known person or by a stranger (Maltz, 2002). Physical abuse is to use the physical force against a child that resulted in damage to the victim. An injury resulted by a non-accidental commission or act of an adult is referred as physical abuse, which includes violence, excessive punishment, poisoning and exposing to unfavorable temperature (Pinheiro, 2006). Child Physical Abuse (CPA) by parents, caregivers, relatives or at work place is common problem faced by all countries around the globe, and considered as a serious public welfare and health problem (Pinheiro, 2006; Gilbert et al., 2009). The prevalence of reported sexual abuse among child varies from 2 % to 62 percent, physical abuse varies from 4 % to 16

% and almost 10 % of children are being neglect or abused emotionally (Gilbert et al., 2009).

A human welfare foundation in Pakistan reported that the majority of the adolescents who become the victims of child Abuse are those battered by the parent, suffers in domestic violence and financial crises (Kamran, 2004). According to research conducted in 2011, 17.6% cases of physical abuse of child were reported. The ratio of these cases represents 118,825 of the 676,569 children faced abused during that year (Hornor, 2005). Based on unofficial report, in Pakistan about 15-20% children experienced sexual abuse (Ecpat, 2014). 88.7% of school going children faced physical abuse in Karachi; In Rawalpindi/Islamabad 17% of 300 school going children were experienced sexually abuse (The ratio is 1 in 5 boys and 1 in 7 girls) (Saahil, 2004, 2009). In the year of 2017, an NGO extracted data form national and regional newspapers reported 3445 cases of child abuse (Saahil Report, 2017).

Parenting styles and acceptance or rejection can affect an individual, as warmth by parents is more associated with less abuse among children, whereas perceptions of rejection are reported as the most common contributing factor in child's sexual abuse. Parental practices like emotional rejection, harsh and severe punishments lead adolescents towards aggressive and violent behavior. Parental negative behavior gives worse results when accompanied with child abuse (Furlong et al., 2001). Several mental health problems and social adjustment issues such as low self-confidence , lack of self-adequacy, low self-esteem, clinginess, possessiveness, attention seeking, and need of repeatedly asking for approval can be observed in adolescents, who were rejected by their parents (Ansari & Qureshi, 2013). Parental acceptance and rejection have high influence on socio-emotional adjustment among adolescents in Pakistan. Parental acceptance reduces dependency, hostility, negative world view, low self-esteem and depression. Rejection from father is a predictor depression among adolescents (Najam & Kousar, 2012).

A number of psychological problems include hostility, aggressive behavior; emotional instability and negative view of the world are caused by parental rejection in adolescents with sexual and physical abuse (Rohner, Khaleque, & Cournoyer, 2012). Marisol, Fernando and Enrique (2009) suggested that parental acceptance was closely connected to children's emotional or psychological adjustment. To conclude, child abuse is a serious problem faced by the society that not only destroys the life of an individual but ruin families. Parental rejection played crucial role in the development of different behavioral

problems among adolescents, whereas, parental acceptance serves as a preventing factor from both abuse and behavioral problems.

Abuse is a biggest problem which is equally common over the world. Due to which life of adolescents and young children is severely affected. Adolescents who are abused showed many internalizing and externalizing behavior problems like aggressive tendencies, hyperactivity, disruptive behavior and many social problems children (National Clearinghouse on Child Abuse and Neglect Information, 2002). Therefore it's important to study these factors, and the relationship between these variables. The theme of current research is to analyze the parental acceptance-rejection and behavioral problems in abused adolescents and find out the root cause of these variables. The main purpose of this study is to develop a resource guide for educators, caregivers, and parents to create insight regarding abuse so they would be able to understand the consequences of abuse. Increased awareness and knowledge about the fact can guide the educators, caregivers and parents to protect children and to help victims in overcoming the effects of trauma.

Hypothesis of the present study were:

- Paternal and maternal rejection (coldness/lack of affection, hostility/aggression, indifference, neglect and undifferentiated rejection) and paternal acceptance would positively predict behavioral problems in adolescents with sexual and physical abuse.
- Paternal and maternal acceptance would negatively predict behavioral problems in adolescents with sexual and physical abuse.
- There would be differences in adolescents with sexual and physical abuse on the variable of behavioral problems.

METHOD

Sample

The sample size was comprised of 100 abused adolescents including 50 with sexual and 50 with physical abuse. The data was collected from different NGOs, and institutions located in Lahore through purposive sampling. The participants were age ranged from 13-17 years. Those participants who can read and understand the statements of the questionnaire were included. Participants who have experienced molestation or any other sexual activity without their consent were included in the criteria of sexual abuse. Individuals with severe physical violence, and punishment and any other physical torture by the abuser resulting in injuries were included in the criteria of physical abuse. The criteria for sexual and physical abuse was also confirmed from the administration of NGOs as they have information about this and mentioned in their respective confidential files. Participants with severe co-morbid physical and psychological disorders were excluded.

Measures

Demographic Information Form

Demographic form used to collect the personal information of the participants such as age, gender, education, siblings, birth order, mother age, mother education, mother occupation, father age, father education, father occupation, family members, marital status of parents, time of abuse and type of abuse etc.

Parental Acceptance-Rejection Questionnaire (PARQ; Rohner, 1984)

The Parental Acceptance-Rejection Questionnaire was developed by Rohner (1984). It is self-report tool which is designed to measure individual perceptions of parental acceptance rejection. The scale consisted of two forms for mother and father. It consists of 5 sub-scales that include coldness/lack of affection, hostility/aggression, indifference neglect, undifferentiated, rejection. It consists of 60 items; each of PARQ for the mother and father. PARQ is a 4 point likert scale with response category of “almost always true (4) to almost never true (1)”. Items 7,1,21,28,35,42 and 49 are reversed scored. Total scores range from 60 to 240. The higher the score, more the child perceives his/her parent as

Anjum, Sadiq, and Chaudhry

rejecting. Cronbach's alpha of the sub-scales for the child PARQ was .89, for the adult PARQ it was .95, and for the parent PARQ it was .84.

Strength and Difficulties Questionnaire (SDQ; Goodman, 1997)

The strength and difficulties questionnaire is a behavioral screening tool for 3-17 year old. It was developed by Goodman in 1997. It exists in numerous variations to meet the needs of researchers, clinicians and educationalists. The self-report variation of urdu translated version of the scale was used. All versions of the SDQ have 25 items, some positive and others negative. These 25 items are divided into 5 scales. Emotional symptoms (5 items), Conduct problems (5 items), Hyperactivity/inattention (5 items), Peer relationship problems (5 items) and Prosocial behavior (5 items). It consist of a 3-point likert scale including "are not true", "somewhat true", "and certainly true". The respondent rates statements on a scale of 0 to 2 i.e., 0-for not true, 1-for somewhat true and 2-for certainly true. Scores are obtained by reversing response (e.g., 0 =2, 1=1, 2=0) to the five items (7, 11, 14, 21 & 25) and then summing across all scales items. For each category of emotional, conduct, hyperactivity, peer and pro social behavior the maximum score is 10. The total behavioral difficulties were calculated by summing scores from all the scales except the prosocial scale.

Procedure

The objective, research design, sample, assessment, methodology and procedure for data collection were approved by concerned authorities. After approval the procedure of the research was followed. The permission was taken from the respective authors to use the scales of Parental Acceptance-Rejection Questionnaire (Rohner, 1984) and Strength and Difficulties Questionnaire (Goodman, 1997). After obtaining the permission and approval; the data collection was started.

To approach the participants different NGOs, social institutions located in Lahore were contacted. Before administering the research questionnaires the aim of the study were informed to the participants. Informed Consent was taken from guardians of the participants before administration i.e., the administration and psychologists were granted the permissions and referred certain participants. Clearly it was mentioned in the consent form that the information related to them will be kept confidential. The data from the participants was collected in individual homogeneous setting. After that demographic sheet, Parental

Acceptance-Rejection Questionnaire (PARQ) and Strength and Difficulties Questionnaire (SDQ) were administered.

Participants have the right to ask freely about any ambiguity related to any statement given in the questionnaire or in instructions. It was made sure to avoid any physical and psychological harm to participant in during the course of study. After completing administration of questionnaire, participants and institutions were appreciated for their valuable contribution.

Scoring and Statistical Analysis

The instructions and scoring of the questionnaires were given and done according to the procedures guided in their respective manuals. After data collection the different data analysis techniques were used to describing, interpreting and synthesizing quantitative data. Descriptive analysis, frequency, means, standard deviation, regression analysis and t-test was used by using SPSS (version 21).

RESULTS

The data analysis strategy involved performing: simple linear regression to explore the predictors of behavioral problems in adolescents with sexual and physical abuse. Independent sample t-test was used to find out the mean differences in terms of Parental Acceptance-Rejection and Behavioral Problem in adolescents with sexual and physical abuse.

Table 1

Description of Demographic Characteristics (N=100)

Variables		Sexually Abused		Physically Abused	
		<i>f</i>	%	<i>F</i>	%
Gender	Boys	37	74	30	60
	Girls	13	26	20	40
Age	10-12	10	20	24	2
	13-15	33	66	14	16
	16-17	7	14	12	14
Birth order	1	15	30	10	20
	2	20	40	15	30
	3	9	18	14	28
	4	6	12	7	14
	5	0	0	2	4
	6	0	0	2	4
Education	Illiterate	0	0	1	2
	Primary	35	70	40	80
	Secondary	11	22	8	16
	Matric	4	8	2	4
Siblings	1-3	33	66	12	24
	4-6	17	34	26	52
	More than 6	0	0	12	24
Mother Age	28-37	31	62	25	50
	38-47	9	18	21	42
	48-57	10	20	3	6
Mother Education	Illiterate	17	34	24	28
	Primary	12	24	1	2
	Secondary	11	2	13	26
	Matric	19	38	2	4
	Intermediate	1	2	5	10
	Graduation	1	2	3	6
Mother Occupation	Housewife	34	68	24	48
	Working	16	32	23	46
	Business	0	0	3	6

Pakistan Journal of Clinical Psychology

Father Age	30-45	32	64	40	80
	46-70	12	24	8	16
	Above 70	1	2	2	4
Father Education	Illiterate	16	32	20	40
	Primary	6	12	2	2
	Secondary	2	4	15	30
	Matric	13	26	1	2
	Intermediate	9	18	9	18
	Graduation	4	8	4	8
	None	2	4	4	8
Father occupation	Business	26	52	24	48
	Job	22	44	22	44
Family members	1-15	17	34	13	26
	6-10	27	54	28	56
	11-15	5	10	6	12
	16-20	1	2	2	4
	21-30	0	0	1	2
Living with	Mother	8	16	11	12
	Father	4	8	6	12
	Both	38	76	33	66
Marital Status of Women	Living together	38	76	33	66
	Seperated	3	6	7	14
	Divorced	4	8	1	2
	Widow	5	10	9	18

Table 2

Psychometric Properties of Major Constructs of the Study

Scale	<i>M</i>	<i>SD</i>	Range	Cronbach's α
PARQ-Father	151.18	44.16	0-4	.87
PARQ-Mother	119.97	48.70	0-4	.93
SDQ	46.08	2.47	0-2	.56
SDQ-Prosocal	9.35	1.9	0-2	.65

Note. PARQ= Parental Acceptance-Rejection Questionnaire, SDQ= Strength and Difficulties Questionnaire.

Table 3

Linear Regression Analysis with paternal and maternal rejection as predictor of behavioral problems in adolescents with sexual and physical abuse

<i>Sexual Abuse</i>				
Variables	<i>B</i>	β	<i>SE</i>	<i>R</i> ²
Constant	16.63		1.90	.37
Paternal Rejection	.06	.61	.01	
Constant	20.55		1.75	.21
Maternal Rejection	.04	.45	.01	
<i>Physical Abuse</i>				
Constant	15.472		1.795	.48
Paternal Rejection	.078	.69	.012	
Constant	22.512		1.87	.11
Maternal Rejection	.03	.34	.01	

Note. * $p < .05$. ** $p < .01$, *** $p < .001$

Results of linear regression analysis for adolescents with sexual abuse shows that Paternal rejection explains 37% variation in the scores of behavioral problems in adolescents with sexual abuse the as $F(1, 48) = 28.98$, $p < .01$. Thus, paternal rejection positively predicts the behavioral problems in adolescents with sexual abuse. It was also indicated that maternal rejection explains 21% variation in the scores of behavioral problems in adolescents with sexual abuse the as $F(1, 48) = 12.81$, $p < .01$. Thus, maternal rejection positively predicts the behavioral problems in adolescents with sexual abuse.

Results of linear regression analysis for adolescents with physical abuse reflects that Paternal rejection explains 48% variation in the scores of behavioral

problems in adolescents with physical abuse the as $F(1, 48) = 44.39, p < .01$. Thus, paternal rejection positively predicts the behavioral problems in adolescents with physical abuse. The results also reflect that maternal rejection explains 11% variation in the scores of behavioral problems in adolescents with physical abuse the as $F(1, 48) = 6.35, p < .01$. Thus, maternal rejection positively predicts the behavioral problems in adolescents with physical abuse.

Table 4

Linear Regression Analysis with paternal and maternal acceptance as predictor of behavioral problems in adolescents with sexual abuse and physical abuse

<i>Sexual Abuse</i>				
Variables	<i>B</i>	<i>B</i>	<i>SE</i>	<i>R</i> ²
Constant	32.84		1.31	.36
Paternal Acceptance	-.14	-.60	.02	
Constant	25.22		1.86	.10
Maternal Acceptance	-.02	-.10	.04	
<i>Physical Abuse</i>				
Constant	34.19		1.56	.34
Paternal Acceptance	-.15	-.58	.03	
Constant	32.99		2.49	.11
Maternal Acceptance	-.09	-.34	.03	

Results of linear regression analysis for adolescents with sexual abuse reflect that Paternal acceptance explains 36% variation in the scores of behavioral problems in adolescents with sexual abuse the as $F(1, 48) = 27.42, p < .01$. Thus, paternal acceptance negatively predicts the behavioral problems in adolescents with sexual abuse. It was also found out that maternal acceptance explains 10% variation in the scores of behavioral problems in adolescents with sexual abuse the as $F(1, 48) = 5.52, p < .01$. Thus, maternal acceptance negatively predicts the behavioral problems in adolescents with sexual abuse.

Results of linear regression analysis for adolescents with physical abuse reflect that Paternal acceptance explains 34% variation in the scores of behavioral problems in adolescents with physical abuse as $F(1, 48) = 24.97, p < .01$. Thus, paternal acceptance negatively predicts the behavioral problems in adolescents with physical abuse. It was also indicated that maternal acceptance explains 11% variation in the scores of behavioral problems in adolescents with

physical abuse as $F(1, 48) = 6.41, p < .01$. Thus, maternal acceptance negatively predicts the behavioral problems in adolescents with physical abuse.

Table 5

Independent Sample t-Test indicating the difference in behavioral problems in adolescents with sexual and physical abuse

Variables	Sexual abuse (n=50)		Physical Abuse (n=50)		$t(19)$	P	Cohen's d
	M	SD	M	SD			
Behavioral Problems	33.48	6.43	30.05	6.01	2.74**	.01	.54

Note: * $p < 0.01$

Result shows that there is a significant difference in behavioral problems in adolescents with sexual and physical abuse ($p < .01$). Results showed sexually abused adolescents showed higher level of behavioral problems than physically abused adolescents, there was a significant mean difference ($t(98) = 2.74, p < .01$) in adolescents with sexual and physical abuse.

DISCUSSION

The present research was conducted to investigate the relationship of parental acceptance, parental rejection with behavioral problems in adolescents with sexual and physical abuse. Results revealed that paternal and maternal rejection was a significant positive predictor of behavioral problems in adolescents with sexual and physical abuse. It was also determined that paternal and maternal acceptance was significant negative predictor of behavioral problems in adolescents with sexual and physical abuse.

These results are consistent with the prior literature. Rohner (2004) suggested that rejection from the parents makes the child shy, sometimes aggressive, and even hostile toward other people (emotional problem). Parental rejection may cause the sense of undeserving love, feels insecure; weaken their self-esteem and feelings of depression. It also results into behavioral problems and negative thoughts about society and general negative outlook of world in adolescents. Muris, Meesters and Den-Berg (2003) revealed that parental rejection was associated to both internalizing as well as externalizing symptoms. Another support to the present study results was provided by Molnar et al., (2001) that rejection and acceptance by parents impact both internalizing (such as

repression, isolation etc.) and externalizing behavioral problems (such as aggression, hyperactivity, emotional outbursts etc.). Furthermore, it was also revealed that the parental rejection also affect peer relationships in adolescents. On the whole, the results proved that the behavioral problems in adolescents with sexual and physical abuse were promoted by parental rejection.

Both physical and sexual abuse is a trauma for the adolescents who are being abused and this trauma definitely leaves negative impacts on the psychological, social, emotional and behavioral domains of adolescent's life. The trauma of abuse affects not only the present but also the future. Mostly abused adolescents are negative thinkers and they start perceiving everything in negative view about themselves, others and the world (Muris, Meesters and Den-Berg, 2003). They think that they are not worthy, they deserves what happened to them. All these negative feelings and thinking affects an individual badly and become an ultimate cause of behavioral problems such as emotional problems (aggression and depression), peer related problems (negative thinking about others, trust issue, antisocial behavior), hyperactivity, conduct problems etc.

Marisol, Fernando and Enrique (2007) exposed that maternal and paternal acceptance was closely connected to self-report children emotional or psychological adjustment. Although paternal acceptance is essential for adolescents however the role of maternal acceptance can't be disregarded. Similarly Hayes and his colleagues (2006), suggested that Acceptance by parents helps adolescents with sexual and physical abuse in regulating their emotions, enhancing self-esteem, self-confidence, and self-efficacy. The research by Goraya & Sabah (2013) also showed that negative parenting will positively predict children's behavioral problems and positive parenting will negative predict behavioral problems. As they lack experience, trust and usually have negative view of self and world, parental acceptance helps them in recognizing their self-worth. Parental acceptance makes them realize that they are not guilty but are the victims and being abused is not their fault, which promote decrease in behavioral problems. They start perceiving themselves worthy and recover from the trauma early as compare to those who are suffering rejection. Parental warmth and affection also help in preventing from the insecurity, fear of being abuse again, hypersensitivity, and psychological disturbances. Fulfillment of need of love and belongingness promotes adolescent to achieve higher level of self-esteem and confidence.

The results highlighted that sexually abused adolescents exhibit more behavioral problems as compared to physically abused adolescents. The reasons can be found in previous literature as well. Previous as well as recent researches showed that physical abuse faced by children during their childhood have adverse effect on their psychological health in adolescents and in middle age such as it leads to depression and anxiety issues (Springer, Sheridan, Kuo, & Carnes, 2007; Lansford et al., 2002). Similarly, researches related to childhood sexual abuse have also shown similar results of poor psychological health leading to depression (Kendler, Kuhn, & Prescott, 2004), PTSD (Cohen et al., 2004) in adulthood (Molnar et al., 2001; Fergusson, Boden, & Horwood, 2008; Gibb, Chelminski, & Zimmerman, 2007; Joiner et al., 2007; Ystgaard et al., 2004)). However, other researches also point out that sexual abuse is considered a significant cause of depression, anxiety as compared to physical abuse (Cogle et al., 2010), and suicidal behavior (Lopez-Castroman et al., 2013). This study found that both duration and intensity of physical abuse in childhood were significantly predictive of more depressive and anxiety issues in adolescents which indicates that if the physical abuse continued for longer duration and is intense then it will have negative impact on mental health; however in case of sexual abuse; negative consequences of sexual abuse on psychological health is not effected by duration and severity. Sexual abuse can affect children even with shorter duration and intensity (Lopez-Castroman et al., 2013; Lansford et al., 2002; Springer et al., 2007).

Conclusion

The present study indicated that there is a strong predictive relationship of parental acceptance and rejection with behavioral problems in adolescents with sexual and physical abuse. Abused adolescents usually display many internalizing and externalizing behavior problems such as aggressive tendencies, hyperactivity, disruptive behaviors and many social problems. Adolescents who were abused need acceptance of both mother and father to cope the facing trauma. Parents should treat them with love, warmth and affection as they are already mistreated by someone in an unjustified manner. Further, the results help us in understanding the association of parental acceptance and rejection with behavioral problems in adolescent with sexual and physical abuse. The present study has implications for social and clinical psychologists as well as for parents to understand the behavior of adolescents.

The study also suggested the social etiology of psychopathologies such as behavioral problems in adolescents with sexual and physical abuse. This research helps us in understanding the role of parental involvement in recovering from the trauma of sexual and physical abuse. It also helps us to determine that parental acceptance act as protecting factor against behavioral problems in adolescents with sexual and physical abuse.

The results of present study can also be implied in the counseling of adolescents with abuse. Counselors can utilize precautionary techniques by using family therapy to promote parental acceptance and reducing the rejection of the guilt and shame about their children, it will help adolescents to enhance social support and provide them resilience to cope with and recover from trauma.

Limitations and Recommendations

There are some limitations and suggestion from the present research which must be consider before conducting any future research in this regard are: Parents and adolescents do not always perceive expressions of parental acceptance in the same way. It is important to analyze parental behavior from both parental and adolescent perspectives. Convincing adolescents to talk about their trauma without being depressed or hostile was a challenging task. By conducting the participant recruitment and data collection from institutions decreases the influence of parental acceptance and rejection in abused adolescent as compare to those living with their families.

The majority of the sample identified themselves was from Lahore which is a limited area. Adolescents were not very highly educated; therefore, these results may not be generalized across various cultures in these respects. The information collected about families included in this study was based entirely on adolescent's reports. Consequently, these results may not be generalized to caregivers other than parents.

It is recommended that the above mentioned limitations should earnestly be considered by future researchers so that more effective, reliable evidence and hidden dimensions can be generated to unravel this issue. We have some suggestions for further investigation; Samples should be drawn from different age groups. The sample size should be large so that the results can be generalized to the population it represents. Research can be further expanded to examine different aspects that affect young individuals.

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Anjum, Sadiq, and Chaudhry

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