

## CHILDHOOD NEGLECT AND ABUSE IN ADDICTS AND NON- ADDICTS IN LAHORE, PAKISTAN

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### **ABSTRACT**

**Objective:** The study was conducted to find out the history of childhood abuse and neglect in addicts and non addicts, and to examine the difference between childhood abuse and neglect in both groups. It was hypothesized (a) childhood neglect and abuse is reported more in addicts than non addicts. (b) There is a difference between the prevalence of the type of childhood neglect and abuse in these groups.

**Research Design:** Matched group design

**Place and Duration of Study:** Lahore, Pakistan. January to September 2009.

**Sample and Method:** Sample of 50 addicts and 50 non-addicts were collected in Lahore, Pakistan. The research followed the (American Psychiatric Association [DSM-IV-TR]<sup>1</sup>) diagnostic criteria for drug addiction/substance dependence. A demographic questionnaire and childhood trauma questionnaire<sup>2</sup> were used.

**Results:** Data showed that 16% of the addicts reported severe physical abuse, 20% reported severe emotional abuse and 14% reported emotional neglect. A t-test revealed a mean significant difference between the groups.

**Conclusion:** The study provides evidence that addicts were more likely to have experienced childhood abuse and neglect than to non- addicts. This population might benefit from the support of government, and different health professionals.

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**Key Words:** Addicts; non-addict; childhood neglect and abuse

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<sup>1</sup> American Psychiatric Association. (2000). *Diagnostic and statistical manual of mental disorders* (Revised 4<sup>th</sup> ed.). Washington, DC: Author.

<sup>2</sup> Bernstein, D. P., & Fink, L. (1997). *Childhood Trauma Questionnaire*. Psychological Corporation. New Jersey.

## INTRODUCTION

Substance dependence or addiction is a widespread and strongly rooted problem of the Pakistani society. People frequently (irrespective of age and gender) become the victims of Substance dependence or drug addiction. Substance dependence is manifested by three (or more) of the following symptoms: tolerance, withdrawal, prolonged use of substance in larger amount, unsuccessful efforts to cut down or control substance use, engaging in activities to obtain substance, repeated physical or psychological problems and social and occupational impairments<sup>1</sup>. The most common types of substance that cause dependence are depressants, stimulants and hallucinogens.

Existing empirical evidences indicated that environmental factors (such as unemployment, insufficient recreational facilities, peer pressure, and parenting styles) contribute to making a person prone to drug addiction. However another serious environmental factor is childhood neglect and abuse. While physical abuse, emotional abuse, sexual abuse, emotional neglect and physical neglect might be independent; they are also frequently occurred in combination<sup>3</sup>. The most common types of substance that cause dependence are depressants, stimulants and hallucinogens.

There are different types of childhood abuse and neglect which are as follows:

- (a) Physical abuse refers to non-accidental physical injury that ranges from minor bruises to severe fractures. It is caused by a parent, caregiver/caretaker of the child. Such injury is considered abuse regardless of whether the caregiver intended to physically hurt the child.
- (b) Sexual abuse includes activities such as touching a child's genitals, penetration, incest, rape, sodomy, indecent exposure, and exploitation through prostitution or the production of pornographic materials by a parent, caregiver or adult.

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<sup>3</sup> The Childhood Prevention and Treatment Act. (2003). The keeping children and family safe act of 2003 [Data file]. Retrieved from [http://www.acf.hhs.gov/programs/cb/laws\\_policies/cblaws/capta03/cap\\_ta\\_manual.pdf](http://www.acf.hhs.gov/programs/cb/laws_policies/cblaws/capta03/cap_ta_manual.pdf)

(c) Emotional abuse or psychological abuse also harms a child's emotional development and sense of self-worth. This includes constant criticism, threats, or rejection, as well as withholding love, support, or guidance<sup>4</sup>.

However, Baldwin<sup>5</sup> explained that Neglect is the failure of a parent, guardian, or other caregivers to provide for a child's basic needs. It has two types: physical and emotional neglect. Physical neglect refers to failure to provide necessary food or shelter, or lack of appropriate supervision to the child. Emotional neglect is the inattention to a child's emotional needs, and failure to provide psychological care.

Those individuals who face childhood trauma (abuse and neglect) are at a higher risk of developing psychological problems like depression, anxiety disorders, personality disorders and substance dependence. According to Spertus, Yehuda, Wong, Halligan, Seremetis<sup>6</sup> several psychological, social and physical problems are associated with childhood abuse (such as verbal and physical abuse) and neglect (e.g., physical and emotional neglect). Gerra et al<sup>7</sup> found that childhood abuse and neglect is a serious risk factor for drug addiction or substance dependence.

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<sup>4</sup> Lenton, R. (1998). *Child Abuse & Neglect*. Retrieved on 2<sup>nd</sup> June 2009 from <http://www.childwelfare.gov/can/>

<sup>5</sup> Baldwin, D. (1983). *All about children: An introduction to child development*. New York: Oxford University Press.

<sup>6</sup> Spertus I.L., Yehuda, R., Wong, C.M., Halligan, S., Seremetis, S.V. (2003). Childhood emotional abuse and neglect as predictors of psychological and physical symptoms in women presenting to a primary care practice. *Child Abuse and Neglect*, 27, 1247–1258. doi:10.1016/j.chab.2003.05.001

<sup>7</sup> Gerra, G., Leonardi, C., Cortese, E., Zaimovic, A., Dell'Agnello, G., Manfredini, M., Somaini, L., Petracca, F., Caretti, V., Raggi, M. A., & Donnini, C. ( 2009). Childhood neglect and parental care perception in cocaine addicts: Relation with psychiatric symptoms and biological correlates. *Neuroscience and Biobehavioral*, 33, 601–610. doi:10.1016/j.neubiorev.2007.08.002

History of childhood maltreatment (abuse and neglect) is a serious factor in risk for addiction. Lundgren, Gerdner & Lundqvist<sup>8</sup> studied (n=55) Swedish female addicts with mean age of 34.7 years. They administered Childhood Trauma Questionnaire (CTQ) in Swedish language, and found that 94.5% females had experienced childhood abuse and neglect. Among them 35-40% had experienced a severe level of physical and emotional abuse and neglect.

Formerly, Substance dependence was treated as a genetic problem. Such as Goodwin<sup>9</sup> found that alcoholism is associated with psychological problems in families including; depression, sociopathy, criminality and personality disorders. However, it is difficult to separate environmental factors from genetics, because these factors played important role in expression of the genes in the individual<sup>10</sup>. For example, childhood maltreatment interrupts a normal emotional regulation and self-concept which may result in the individual developing mental disorders such as addiction, depression etc<sup>11</sup>. That is why contextual factors such as negative childhood experiences (childhood abuse and neglect) get more importance in the developing countries because of rapid increase of drug addicts<sup>12</sup>.

According to the National Survey on Drug Abuse 1993 there were 3 million drug addicts in Pakistan. According to this report age range of 72% drug addicts was 24 to 30 years and 51% drug addicts were heroin abusers. However,

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<sup>8</sup> Lundgren, K., Gerdner, A., & Lundqvist, L. (2002). Childhood abuse and neglect in severely dependent female addicts: homogeneity and reliability of a Swedish version of the Childhood Trauma Questionnaire. *International Journal of Social Welfare*, 11, 219–227. doi: 10.1111/1468-2397.00219

<sup>9</sup> Goodwin, W. D. (1971). Is Alcoholism Hereditary? *Archives of General Psychiatry*, 25(6), 545-549.

<sup>10</sup> Rivers, C. (1994). *Alcohol and human behaviour: theory, research and practice*. New Jersey: Prentice Hall, Inc.

<sup>11</sup> Maughan, A., & Cicchetti, D. (2002). Impact of child maltreatment and inter adult violence on children's emotion regulation abilities and socio emotional adjustment. *Child Development*, 73, 1525–1542.

<sup>12</sup> Ramiro, L. S., Madrid, B. J., & Brown, D. W. (2010). Adverse childhood Experiences (ACE) and health-risk behaviors among adults in a developing country setting. *Child Abuse & Neglect*, 34, 842–855. doi:10.1016/j.chab.2010.02.012

Anti-Narcotics department reported 6 million addicts in 2010. Although the Draft of the Anti-Narcotics Policy 2010 mentioned that there was no recent statistics were available about the drug addiction in Pakistan<sup>13</sup>.

Another published survey gave statistics across various occupations the percentage was labor class 53.3 percent, sales persons 14.1 percent, agriculture workers 10.9 percent and students 11.4 percent. Rates varied by age and region. Punjab had the highest rate of addiction, 71 per cent of addicts fell between 25-30 years of age. In terms of gender 90% of drug addicts were males and 10% were females. In Furthermore, heroin was found to be the most commonly used addictive substance (51 per cent of addicts). The second most popular drug was hashish, which was used by 29.5 per cent of the addicts. Other addiction users took charas, opium, alcohol, cocaine, and tranquilizers (e.g., Valium, Librium, Ativan, Diazepam)<sup>14</sup>.

Likewise, Rostami, Zarei, NejadandLarijani<sup>15</sup> conducted a study of history of abuse in Iranian addicts and non addicts for studying the evidence of childhood abuse. Their sample size was 200 (100 addicts and 100 non addicts) and they administered Child Abuse Self Report Survey (CASRS). The comparison suggested a significant mean difference in experiencing childhood abuse in two groups ( $\alpha=0.05$   $t=3.604$ ).

Furthermore, Conroy, Degenhardt, Mattick and Nelson<sup>16</sup> conducted a study in Australia to compare childhood maltreatment in opioid dependent group and non-opioid dependent group. They conducted interviews with nearly 100

<sup>13</sup> Pakistan Institute of Legislative Development and Transparency (2010). Narcotics and Pakistan [Data File]. Retrieved from <http://www.pildat.org/> Publications/Publication/Anti narcotics /Narcotics and Pakistan 160310.pdf

<sup>14</sup> Alam, S. (2002). Youth concern: The rising toll of drug addicts. *Daily times*. Retrieved on 2<sup>nd</sup> June 2009 from <http://users.otenet.gr/~tzelepisk/yc/24.htm>.

<sup>15</sup> Rostami, R., Zarei, J., Nejad, S. Z., & Larijani, R. (2010). Childhood abuse history among male addicts in comparison with non-addict population. *Procedia - Social and Behavioral Sciences*, 5(0), 738-740. doi: 0.1016/j.sbspro.2010.07.175

<sup>16</sup> Conroy, E., Degenhardt, L., Mattick, R., & Nelson, E. (2009). Child maltreatment as a risk factor for opioid dependence: Comparison of family characteristics and type and severity of child maltreatment with a matched control group. *Child Abuse & Neglect*, 33, 343-352. doi:10.1016/j.chab.2008.09.009

opioid dependents with mean age 36.5, 61% of which were male, and 346 non – opioid dependents with mean age 34.7%, 45% of which were male. While childhood neglect and abuse was present in both groups, it was significantly more prevalent in opioid dependent groups.

Thus the previous literature suggests that history of childhood abuse and neglect is a prominent problem in addicts. However such research has not been done in Pakistan. Research can help clinical psychologists to better understand the significance of this problem, and to possibly developing an intervention in this population.

Therefore, the present study was conducted to study(i) the prevalence of the childhood abuse and neglect, and (ii) to find out a difference between the type of childhood neglect (emotional and physical) and abuse(emotional, physical and sexual) in addicts and non-addicts.

## METHOD

The present study used a matched groups design. For matched group design researcher selected the participant for one group and then matched them on some relevant characteristics e.g., age, gender, education and etc. with the other group. This approach controls the variability in the data set to create more comparable groups with regard to variables not of central interest in the study under special circumstances. This is a good alternative when a random groups design or repeated measures cannot be used<sup>17</sup>.

### *Sample*

The sample was comprised of 100 males consisted of 50 addicts and 50 non addicts. Purposive sampling was used for the collection of the data. The group of addicts was based in three private rehabilitation centers in Lahore, and the non addicts group was comprised of members of the general population of the Lahore. Addict inclusion criteria were age range of 18– 55, history of substance dependence (according to DSM-IV TR, 2000)<sup>1</sup>, and a minimum of 14years of education. The inclusion criterion for non addicts was no history of drug addiction. The latter group was matched on the following demographic

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<sup>17</sup> Shaughnessy, J. J., & Zechmeister, E. B., & Zechmeister, J. (2010). *Research Methods in Psychology* (8th ed.). New York: McGraw Hill Publishing Company, Inc.

characteristics: age, sex, profession and monthly income. Age and income the groups were matched with the flexibility of ( $\pm 3$  years) and ( $\pm$ Rs, 3000) respectively. The mean ages were 31 and 29 years for addict and non-addict group respectively, and mean income was Rs, 3892 and Rs, 36660 for addicts and non addicts respectively. Hence it is revealed that both groups were fairly matched on age and income variables. Matching on other demographic characteristics is indicated in following table:

**Table 1**  
**Demographic Characteristics of the Sample (N=100)**

<b>Demographic Variable</b>	<b>Addicts</b>		<b>Non-Addicts</b>	
	<b>f</b>	<b>%</b>	<b>f</b>	<b>%</b>
<b>Gender</b>				
Male	50	50	50	50
<b>Education</b>				
B.A/Bsc/B.ed/BBA	46	46	45	45
MA,MSc,MBBS	4	4	5	5
<b>Profession</b>				
Students	15	15	17	17
Businessman	13	13	15	15
Govt. employee	12	12	12	12
Private employee	11	11	12	12
Landlord	04	04	03	03
<b>Type of Drug</b>				
Heroine	05	10	-	-
Cannabis	02	04	-	-
Sedatives	02	04	-	-
Alcohol	10	20	-	-
Two-drugs(in combination)	15	30	-	-
Marijuana	10	20	-	-
Opium	03	06	-	-
Three-drugs(in combination)	03	06	-	-

### ***Measures***

#### **Demographic Questionnaire**

The researchers developed a demographic data form for participants with the purpose of collecting matched group participants (non- addicts). This form includes items regarding: age, gender, education, occupation, monthly income, history of drug addiction.

#### **A Childhood Trauma Questionnaire (CTQ)**

The CTQ<sup>2</sup> was used to measure participant's childhood experience of abuse. The test - retest reliability was 0.88 and range of internal consistency was 0.80-0.97, and the criterion validity was assessed and was found acceptable (Bernstein and Fink, 1997)<sup>2</sup>.

The CTQ<sup>2</sup> included five subscales: physical abuse, emotional abuse, sexual abuse, physical neglect and emotional neglect. The questionnaire is comprised of 28 items that are rated on a 1-5 point scale (where 1 stands for minimum and 5 for maximum). Each sub scale had a total score of 25. The total score of the test was obtained by adding the values on each item. It had also 3 items for detecting Denial (false-negative trauma reports). Each sub scales scores were transformed into percentiles according to the CTQ<sup>2</sup> manual and the percentile were used to determine the severity levels of the childhood experience of abuse (Minimum-Low, Low-Moderate, Moderate-Severe and Severe-Extreme).

### ***Procedure***

The researcher gathered data from three rehabilitation centers in Lahore. Before the data collection, management of the rehabilitation center was assured that information taken from the patients would be kept confidential and only used for research purposes. In addition, written permission was sought from the executive bodies of the rehabilitation centers for the collection of data. Afterwards, written informed consent was also taken from each drug addict. Subsequently, the matched group (non addicts) was taken from the general population of Lahore city. Similarly, written informed consent was also taken by them. Moreover, both groups were also provided with a brief description of the nature and purpose of the research, and were informed that their identity, and the information collected from them would remain confidential and would only be

used for academic and research purposes. Data were collected by a single researcher.

All the three tools (Demographic form, DSM-IV-TR , 2000<sup>1</sup> Criteria and CTQ<sup>2</sup>) were in English (as the minimum educational criterion for the participant to get recruited in the study was 14 years of education), and administered individually. The total time spent with each participant was 25-30 minutes.

#### *Statistical Analysis*

The data were analyzed using descriptive analysis and independent sample t-test. In the present research, five independent sample t-test were run on the scores of the data; therefore, Bonferroni correction for multiple testing had been used, and it gave a significance level of  $1 - 0.95^{1/5} = 0.01^{17}$ .

## RESULTS

**Table 1**  
**Frequencies and Percentages on Scales on Childhood Abuse and Neglect for Drug Addicts and Non-Addicts (N=100)**

	<u>Minimum Low</u>		<u>Low Moderate</u>		<u>Moderate Severe</u>		<u>Severe Extreme</u>	
	f	%	f	%	f	%	f	%
<b>Physical abuse</b>								
Addicts	25	50	7	14	10	20	8	16
Non-Addicts	35	70	8	16	7	14	0	0
<b>Emotional abuse</b>								
Addicts	28	56	12		0	0	10	20
			24					
Non-Addicts	32	64			0	0	1	2
			17					
			34					
<b>Sexual abuse</b>								
Addicts	25	50	12	24	11	22	2	4
Non-Addicts	38	76	12	24	0	0	0	0
<b>Emotional Neglect</b>								
Addicts	23	46	12	24	8	16	7	14
Non-Addicts	28	56	21	42	1	2	0	0
<b>Physical Neglect</b>								
Addicts	27	54	14	28	6	12	3	6
Non-Addicts	34	68	8	16	5	10	3	6

**Table 2**  
**Mean, Standard Deviation and t-test for the Drug Addicts and Non-Addicts on Childhood Abuse and Neglect (N=100)**

	<b>Group Category</b>	<b>Mean</b>	<b>SD</b>	<b>t</b>	<b>df</b>
<b>Physical abuse</b>					
Addicts	50	8.78	2.55	3.27 **	98
Non-Addicts	50	6.80	2.37		
<b>Emotional abuse</b>					
Addicts	50	9.22	4.77	3.25**	98
Non-Addicts	50	6.84	1.93		
<b>Sexual abuse</b>					
Addicts	50	7.38	3.28	3.98**	98
Non-Addicts	50	5.46	0.93		
<b>Emotional Neglect</b>					
Addicts	50	9.68	4.56	1.09	98
Non-Addicts	50	8.68	4.55		
<b>Physical Neglect</b>					
Addicts	50	8.52	3.39	2.75**	98
Non-Addicts	50	7.06	1.59		

*Note: SD=Standard Deviation df= degree of freedom \*\*= p < .01*

## DISCUSSION

The study was conducted on sample of 100 males (including 50 addicts and 50 non addicts) to explore the role of childhood abuse and neglect in substance dependence or drug addiction in the population of Lahore, Pakistan. The present study aims to add to limited existing Asian research data in this area.

The results of the present study revealed that both groups had experience of childhood abuse and neglect, but groups differed significantly in the experience of childhood abuse and neglect. The results of the present research confirmed the results of the various previous studies. For instance, Faran, Saeed and Mohammad<sup>18</sup> reported that 95% of their addicted participants reported physical and sexual abuse in childhood. Similarly, Mitsuru et al<sup>19</sup> conducted the study in Japan and found the following reporting of childhood maltreatment: physical abuse (53.7%), psychological abuse (60.4%), sexual abuse (5.4%) and neglect (24.5%) and comparison between drug abused and non-drug abused groups determined that abused participants more often reported childhood maltreatment. Moreover other researchers studied the prevalence of childhood neglect and abuse in males and females in the rural area of South African. Their results for male participants showed that 89.3%, 54.7%, 39.1% 65.8% and 41.6% had history of physical abuse, emotional abuse, sexual abuse, physical hardship and emotional neglect respectively.

Hence, the prevalence rate of the childhood abuse and neglect of the present study was in consistent with previous literature. Besides this, in the present study addicts were more likely to experience severe childhood abuse and neglect than non-addicts; therefore, intensify form of childhood abuse and

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<sup>18</sup> Faran, E., Saeed, A., & Mohammad, R. H. (2003). Factors associated with heroin addiction among male adults in Lahore, Pakistan. *Journal of Psychoactive Drugs*, 35, 219-226

<sup>19</sup> Umeno, M., Morita, N., Ikeda, T., Koda, M., Abe, Y., Endo, K., Yabe, Y., Hirai, H., Takahashi, K., Aikawa, Y., Senoo, E., Nakatani, Y., Nihon Arukoru Yakubutsu Igakkai Zasshi (2009). Correlation between Childhood traumatic stress and present drug abuse: Results of a nationwide survey of drug addiction rehabilitation facilities in Japan. *Japanese Journal of Alcohol Studies & Drug Dependence*, 44, 623-635.

neglect might be the possible reason of their using addictive drugs in adulthood. Thus the data support Bernstein and Fink<sup>20</sup>suggestions that adults with history of childhood abuse and neglect may be at high risk for developing substance abuse disorders.

Likewise, Conroy, et al<sup>16</sup> studied opioid dependents and non-opioid dependents in Sydney and found the groups differed significantly in terms of physical abuse, emotional abuse and sexual abuse. They did not find any difference in term of neglect subtypes (physical and emotional). According to Nelson (2001)<sup>21</sup> the prevalence of physical and emotional neglect was similar for addicts and non-addicts but rates of emotional abuse tended to be higher in addicts.

Furthermore, Young-Wolff, Kendler, Ericson and Prescott<sup>22</sup> conducted a study on adult twins in Virginia on male alcohol dependents. They reported that 9% of their participants had experienced neglect, sexual or physical abuse. The Comparison of two groups ; the group who had experienced childhood maltreatment, and second group who had not experienced childhood maltreatment revealed that maltreated group were 1.74 times more likely to be diagnosed with alcohol dependence. Arata, Langhinrichsen-Rohling, Bowers, and O'Brien<sup>23</sup> have also proposed that physical, sexual, emotional abuse and neglect contributed to the development of various psychological disorders.

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<sup>20</sup> Rachel, J. K., Kristin, D., Mzikazi, N., Nwabisa, J. P., & Adrian, P. (2010). Associations between childhood adversity and depression, substance abuse and HIV and HSV2 incident infections in rural South African youth. *Child Abuse & Neglect*, 34, 833- 841.doi:10.1016/j.chabu.2010.05.002

<sup>21</sup> Nelson, J, B (2001). *Psychological maltreatment of children*. Georgia State University – Atlanta: Georgia.

<sup>22</sup> Young-Wolff, Y., Kendler, K. S., Ericson, M.L., & Prescott, C. A. (2008). Accounting for the association between childhood maltreatment and alcohol-use disorders in males: a twin study. *Psychological Medicine*, 41, 59-70.doi:10.1016/j.addbeh.2005.05.030.

<sup>23</sup> Arata, C. M., Langhinrichsen-Rohling, J., Bowers, D., & O'Brien, N. (2007). Differential correlates of multi-type maltreatment among urban youth. *Child Abuse & Neglect*, 31, 393–415.

In addition, Poker (2000; cited in Ramiro et al 2010)<sup>12</sup> found that “Although moderate and predictable stress in childhood can help develop ways of coping with life in general, severe, repetitive, or chronic stress hampers normal brain functioning. Neural pathways are sensitized and regions of the brain (e.g. Hippocampus, sub-cortical and limbic systems) that deal with anxiety and fear responses become overdeveloped” (p.852). As a result, the brain is more focused on dealing with constant threat for survival victim of child abuse show more high risk behaviours ( e.g., using drugs/substance) to deal with stressful situations.

The finding indicates that comparative rates of childhood neglect and abuse in drug addicts and non-drug addicts may be similar in European or Asian samples.

### ***Limitations***

It is important to highlight that results of the study had certain limitations. First, the instrument used for measuring childhood abuse and neglect was a self-report retrospective tool. Therefore, chances of reporting false information might be high. Moreover, due to non-availability of an indigenous tool, the European tool was used in English. As Urdu is the first language in Pakistan not English; therefore, this limitation was minimized by setting the inclusion criteria for the participants (i.e., minimum 14 years of education). The reasons behind this are that those who had 14 years of education they could read and understand English language. However, future studies should use an indigenous tool so illiterate drug addicts and those who are less educated could also be include in the data. .Second, the sample size was not large enough and only taken from one city in Pakistan, thus limiting the generalizability of the results. Future research should collect the sample from the four provinces of Pakistan to improve the generalizability of the results. A key strength of the study is the inclusion of a matched group against which drug addicts' childhood abuse and neglect was compared. Because, gender difference was not addressed in this study; future studies should include females. The present study was conducted to measure childhood abuse and neglect but other factors that were not addressed (for instance, inappropriate parenting style, peer pressure, economic condition, and paternal relationships) may also be important and present additional directions for future research.

***Conclusion***

Childhood abuse and neglect are commonly found in the histories of drug addicts, and it may imply that abuse and neglect increase the risk for substance abuse and other negative outcomes. It might possible that drug addicts may use drugs to forget those memories which are related with neglect and abuse. Psychologists, clinical psychologists, counsellors, general physicians, and social workers may play a key role in creating intervention programs to assist children and families to prevent or address problems of abuse. The Pakistani government should also implement preventive programs against childhood maltreatment (abuse and neglect).