



**Effect of Child Abuse on Children's Psychological Health Outcomes:
An Empirical Study in Sri Lanka**

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Abstract

Child abuse is a major issue which is associated with psychological health outcomes. These have affected individuals throughout their lifespan and place a burden on both victims and the population. However, Sri Lanka has not paid much attention in the academic literature on child abuse with negative psychological health outcomes. Thus, this research is to explore the relationship between child abuse and psychological health outcomes in Sri Lanka. It is assumed that the child abuse victims are more likely to suffer from negative psychological health outcomes than non-abused victims. The general objective is to comprehend the association between child abuse and psychological health outcomes in Sri Lanka. This qualitative research has adopted a case study method. The target population consists of 4 child abused victims in the Western province who are above 18 years old. Accidental sampling technique has been used. Interview technique has been considered as the primary source of information using an unstructured interview schedule. The analyses of data have been done using narrative analysis and have shown a significant association between child abuse and negative psychological health outcomes.

Keywords: *Child Abuse, Psychological Health Concerns, Sri Lanka*

1. INTRODUCTION

Child abuse is a huge problem which is an under recognized phenomena in the world with no social and cultural bounds (Springer, Sheridan, Kuo & Carnes, 2007; Rizvi & Najam, 2014; Kemoli & Mavindu, 2014). This can be physical, psychological, sexual, emotional, neglect/negligence, exploitation for commercial and non-commercial reasons (Paz, Jones & Byrne, 2005).

Table 1: Definitions of key words

Child Abuse	A state of emotional, physical, sexual and economic maltreatment meted out to a person below the age of 18 years (Sathiadas, Viswalingam & Vijayaratnam 2018:2)
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	All forms of physical or mental violence, injury and abuse, neglect or child negligent treatment, maltreatment or exploitation including sexual abuse (UN, cited in Hettiarachchi 2020:279)
Physical Child Abuse	The intentional use of physical force against a child that results in, or has the potential to result in, physical injury (Leeb, Lewis & Zolotor 2011:455)
Psychological Child Abuse	The intentional caregiver behavior that conveys to a child that he/she is worthless. Flawed, unloved, unwanted, endangered or valued only in meeting another's needs (Leeb, Lewis & Zolotor 2011:455)
Sexual Child Abuse	Any completed or attempted/non-completed sexual act, sexual contact with, or exploitation of a child (Leeb, Lewis & Zolotor 2011:455)
Emotional Child Abuse	Any act including, confinement, isolation, verbal assault, humiliation, intimidation, infantilization or any other treatment which may diminish the sense of identity, dignity and self-worth (Tracy 2012)
Neglect/ Negligence	The failure to provide for a child's basic physical, emotional or educational needs or to protect a child from harm or potential harm (Leeb, Lewis & Zolotor 2011:455)

Child abuse cases in Sri Lanka have been increased due to economic matters – parents leaving for overseas employment, internal migration – parents' behaviours, lack of support from extended families, social and environmental factors (Women's Education and Research Centre, 2016). Sri Lankan health sector has recognized child abuse as the major issue in developing psychological health outcomes (Rodrigo & Liyanage, 2015; Rodrigo & Liyanage, 2016). Child abuse has an impact on children's health, survival issues, dignity in taking responsibilities, trust and power (Sathiadas, Viswalingam & Vijayaratnam, 2018). Most Asian parents have accepted physical punishment as a positive reinforcement (Rodrigo & Liyanage, 2015). They have unrealistic expectations on children encouraging them to show violent parenting styles. Issues at home [marital problems, financial problems and upbringing issues] have an impact on children's psychological health outcomes which increase their aggressiveness, emotional distress and adjustment problems (Nyarko, Amissah, Addai & Dedzo, 2014). Nevertheless, the magnitude and characteristics of child abuse issues have not clearly understood. Since Sri Lanka is a developing country; there is a limit in identifying and providing services to psychological health outcomes (DeSilva, 1997).

Past studies on child abuse have shown a positive relationship with deprived quality lives and poor well-being (DeSilva, 1997). Child abuse victims display changes in brain architecture, poor physical health, reduced cognitive ability, poor educational attainment, impaired psychological functioning and mental health (Leeb, Lewis & Zolotor, 2011). These outcomes can be explained under different types of abuses.

Physical child abuse is the most common type of abuse among children who are below 5 years old. Common injuries include fractures, traumatic brain injuries, bruises and subdural hematomas. Abusive head trauma, seizure disorders and learning disabilities [poor school performance] might occur due to the excessive shaking. These victims exhibit aggressive behaviours with others (Springer, Sheridan, Kuo & Carnes, 2003). They also exhibit more severe behavioural [antisocial] and emotional outcomes than children who experience other forms of abuse (Leeb, Lewis & Zolotor, 2011; Nyarko, Amissah, Addai & Dedzo, 2014).

Psychological child abuse may not cause immediate physical harm to the child but may have long-term psychological health consequences (Nyarko, Amissah, Addai & Dedzo, 2014). These victims exhibit lower self-efficacy, higher depression, lower self-esteem, poor wellbeing and increased risk of PTSD, difficulty in trusting others, relationships problems, negative self-concept, poor effectiveness in comprehending complex roles, troubled socialization with peers, identity crisis, feelings of isolation, insecure attachments, unworthy and stigma (Hettiarachchi, 2020; Leeb, Lewis & Zolotor, 2011). They are more prone to illegal drug usage, alcohol, delinquency, negative health perceptions and cognitive impairment (Rizvi & Najam, 2014).

Sexual child abuse is the most critical type of abuse which develops acute sexual trauma, Sexually Transmitted Disorders/Diseases (STDs), early pregnancy [mostly among post-pubertal girls], genital and anal injuries. These victims exhibit chronic headaches, maladaptive sexual behaviour, irritable bowel syndrome, mood disorders, anxiety disorders, conduct disorders, substance abuse disorders, borderline personality disorders, panic disorders, dissociate behaviours, social phobia, aggression, suicidal behaviours and homicide (Rizvi & Najam, 2014). This leads to suicidal thoughts and suicidality, plans, threats and attempts, and deliberate self-harm (Leeb, Lewis & Zolotor, 2011).

Emotional child abuse is mostly occurs by parents and caregivers engage in emotionally abusive behaviours towards children while taking care of them. These victims exhibit aggressiveness, impulsivity, depression, hyperactivity, school failure, inattention, disturbances of conduct, anxiety, eating disorders and somatic symptoms (Leeb, Lewis & Zolotor, 2011; Tracy 2012).

Neglect is the most common form of abuse among children in any age category. Neglect can be physical, educational, emotional or psychological (Sathiadas, Viswalingam & Vijayaratnam, 2018). Most neglected victims exhibit failure to thrive, untreated obesity, vitamin deficiencies, failure to provide food and clothing, inadequate shelter, desertion, abandonment, untreated medical conditions and injuries such as burn, overdose or poisoning due to the lack of supervision. Severe physical neglected victims during their preschool period exhibit withdrawn

behaviours and internalizing symptomatology. Victims who experience neglect prior to age 2 years, exhibit more aggressive behaviours in early and middle childhood (Leeb, Lewis & Zolotor, 2011; Nyarko, Amissah, Addai & Dedzo, 2014).

More than 40 million are abused within all cultures, ethnicities and religions at every socio-economic and educational levels in each year. Global data on child abuse is very limited (Rodrigo & Liyanage, 2015). A systematic review in 2015 on the global prevalence of child abuse has highlighted that nearly 10 million children aged 2-17 years have been victims of physical, emotional or sexual abuse or neglect. Child abuse is associated with mood disorders, anxiety disorders, conduct disorders, substance abuse disorders, suicidal behaviours, borderline personality disorder, chronic headaches, maladaptive sexual behaviour, irritable bowel syndrome, dissociative behaviour, depression, alcoholism, panic disorder, social phobia and somatic symptoms (Nyarko, Amissah, Addai & Dedzo, 2014; Springer, Sheridan, Kuo & Carnes, 2003). McCauley et al. (n.d.) have done a study on women in primary care practices and found nightmares, back pain, frequent or severe headaches, pain in the pelvic, genital or private area, eating binges or self-induced vomiting, frequent tiredness, sleeping problems, abdominal or stomach pain, vaginal discharge, breast pain, choking sensation, loss of appetite, urinating problems, diarrhoea, constipation, chest pain, face pain, frequent or serious bruises and shortness of breath with physical or sexual abuse. In a study on 7016 men and women in a community by MacMillan et al. (n.d.) have found that anxiety disorders and depressive disorders are significantly associated with physical and sexual child abuses. A study on sexual child abuse victimized adults has stated that 69% met full Diagnostic and Statistical Manual of Mental Disorders (DSM) III criteria for PTSD and 19% met partial PTSD (Nyarko, Amissah, Addai & Dedzo, 2014). Patients who suffer from depression, irritable bowel, chronic pain or substance abuse have experienced physical and sexual child abuses which is 70%. Child abuse victims die from 1-10 in every 100 children in the USA in 2008 (Leeb, Lewis & Zolotor, 2011).

The negative child abuse consequences have an impact not only on abused victims, but also have an impact in a country by increasing its costs such as healthcare, child welfare, special education and criminal justice (Hettiarachchi, 2020). This cost can be direct [includes hospitalization, chronic physical health problems, mental health care, welfare cost, law enforcement and court action] and indirect [loss of educational attainment and work productivity, burden on insurers]. A study on direct and indirect [long-term] costs of child abuse in USA was USD 104 billion in 2008 (Leeb, Lewis & Zolotor, 2011).

Sri Lanka still lacks accurate data on child abuse (DeSilva, 2000). The limited research in Sri Lanka has emphasized that sexual child abuse cases are over 6000 and among 40.7% of them were exposed from their parents. The occurrence of child

abuse has documented as 53% and sexual child abuse ranged from 23.5-27.5% in girl children (Rodrigo & Liyanage, 2015). Another study conducted among Sri Lankan students aged 18-19 years has documented the occurrence of physical child abuse is 45.4%, sexual child abuse is 9.1% and emotional child abuse is 27.9%. The same study has documented that there is a greater occurrence of sexual child abuse among female than male children which is 11.5% vs 6.4% (Hettiarachchi, 2020). Nevertheless, these statistics may differ [highly less than the actual cases] since most victims don't report due to various reasons. Child abuse has increased during the armed conflict period [due to the exposure to terror and horror lasting physical and psychological impacts] which ended in May 2009 (Sathiadas, Viswalingam & Vijayaratham, 2018). There are immense inadequacies remain in the field of deleterious effects of child abuse and its association with psychological health outcomes. Most research focus on child abuse in terms of physical, yet paid little attention to sexual, psychological, emotional and neglect. A few studies have examined the effects of various forms of child abuse on children's psychological wellbeing. Until now, there is no attempt to have comprehensive analyses on the effect of various types of child abuses on children's negative psychological health. Most of these studies have been conducted in US countries and not in non-US countries. Thus, the findings may not be applicable owing to vast cultural differences. Additionally, most researchers have shown a narrowed interest on child abuse (Nyarko, Amisah, Addai & Dedzo, 2014). Child abuse hasn't received an importance in the medical literature (Springer, Sheridan, Kuo & Carnes, 2007, cited in Leeb, Lewis & Zolotor, 2011:464). Thus, this study is to explore the relationship between child abuse and psychological health outcomes in Sri Lanka.

2. OBJECTIVE AND HYPOTHESES

2.1 OBJECTIVE

The general objective is to comprehend the association between child abuse and psychological health outcomes in Sri Lanka. Specific objectives are; (1) to examine the severity of the child abuse in Sri Lanka, (2) to examine the level of understanding of Sri Lankans on child abuse and its impact on psychological health outcomes, (3) to identify areas of deficiencies and gaps in the child abuse prevention in Sri Lanka, and (4) to explore recommending strategies and intervention programs for the prevention of child abuse to minimize negative psychological health outcomes in Sri Lanka.

2.2 HYPOTHESES

It is assumed that the child abused victims are more likely to suffer from negative psychological health outcomes than non-abused victims.

3 METHOD

This study has adopted a qualitative research design and a case study method heavily relying on respondents' [child abuse victims] self-reports, their judgements on child abuses and parental treatments, and their own psychological feelings in terms of psychological health outcomes such as depression, anxiety, PTSD and self-esteem etc. It is very difficult to rely on retrospective accounts as valid and accurate reports of child abuse experiences, when the child abuse experiences are highly personal due to the denial, distort, unconsciously forgetful and/or painful while responding to external individuals at later years of the occurrence (Belsky, 1993; Paulhus, 1991, cited in Nyarko, Amissah, Addai & Dedzo, 2014:107). Nevertheless, this research chose to investigate the effect of child abuse from the respondents' perspective in their current situation.

The target population consisted of child abuse victims in the Western province, Sri Lanka who are under psychological health treatments [from private hospitals]. This study has adopted the accidental sampling technique which obtains the willingness to respond (Singh, 2006). The sample size is 4. It's not necessary to have a large sample due to the constraints of shortage of time, manpower and cost (Singh, 1994). The sample belong to one category – child abuse victims who were diagnosed with psychological health concerns. The respondents were above 18 years old. The study has focused on the interview technique as the primary source of information using an unstructured interview schedule. Unstructured interview schedule mostly used in the interview technique in qualitative research design, to encourage the interviewer to obtain mass information on the reasons of a problem or practice in a target group (Creswell, 2007). Respondents' demographic information was gathered including their social background. The method of analysis was narrative analysis.

4 RESULTS

This study is an effort to comprehend the relationship between child abuse and negative psychological health outcomes in Sri Lanka. Child abuse has an impact on children's development and their wellbeing in the entire lives (MacMillan et al., 2001, cited in Nyarko, Amissah, Addai & Dedzo, 2014:105-106). This results multiple long-term consequences to victims' physical and behavioural changes and societal consequences (Hettiarachchi, 2020).

Physical child abuse has a huge impact on victims. The attitudes of Asian parents are different from non-Asian parents (Sathiadas, Viswalingam & Vijayaratham, 2018). Most parents in Sri Lanka accept medium level of physical punishment from closed family members. Behaviours and practices on child abuse by closed family members and school authorities have a major role in responding to

child abuse victims. Knowledge and attitudes on elders towards child abuse seems to be unstable. Physical child abuse is associated with poor social relationships. When victims are exposed to severe physical child abuse, they are prone to exhibit acting-out behaviours such as truancy, running away, vandalism, property offenses, physical fighting, weapon carrying and threatening with or without weapons. Behaviour disorders such as anger, aggressive and various anti-social behaviours are associated with child abuse (Leeb, Lewis & Zolotor, 2011).

I don't like to have many people in my life. If I have many, I might fight with them more. Most people told me that I have been very violent from my childhood which is not actually very true.

Physical child abuse develops deficits in cognitive functions such as flexibility, working memory, sustained attention and inhibitory control (Pechtel & Pizzagalli, 2011, cited in Hettiarachchi, 2020:279).

I have problems with my memory. I don't know whether it's short-term, long-term, amnesia or dementia. But, I know it's permanent.

Psychological child abuse enhances the risk of depression and anxiety in later which may be lifetime, leading to suicidal tendencies (Hettiarachchi, 2020). This is associated with agoraphobia, Obsessive-Compulsive Disorder (OCD), social phobia, sexual disorders, PTSD and suicidal attempts (Rodrigo & Liyanage, 2015).

I was diagnosed with depression at first. But, I think it was not depression.

It is anxiety disorder. And, now I am taking medicine for that.

These victims exhibit insecure attachments with outsiders which may damage the relationships (Nyarko, Amissah, Addai & Dedzo, 2014). The 1st stage of Erikson's psychosocial development – basic trust vs basic mistrust is well-expressed this phenomena (Papalia, Olds & Feldman, 2004). Early development of the insecure attachments increases the vulnerability to psychological disorders (Nyarko, Amissah, Addai & Dedzo, 2014). Psychological child abuse victims have little faith on medical service providers. Medical professionals have to pay attention to the importance of prevention, recognition, assessment and management of child abuse since this is associated with life expectancy and suicidal tendencies (Rodrigo & Liyanage, 2015; Rodrigo & Liyanage, 2016).

I don't think my doctor understands my case. I haven't explained most things. My doctor may think that I have more psychological disorders.

Sexual child abuse often occurs by family members or people close to the family (Sathiadas, Viswalingam & Vijayaratnam, 2018). Sexual child abuse from siblings and multiple family members [both parents] are associated with recurrent depression (Kessler & Magee n.d., cited in Springer, Sheridan, Kuo & Carnes, 2003:853). Sexual refusals occur due to the exposure of sexual child abuse (Hettiarachchi, 2020). Sexual child abuse victims expose to various stereotypes and stigmatizations (Paz, Jones & Byrne, 2005; Women's Education and Research

Centre, 2016). These victims are labelled as ‘unlucky’, ‘born in a cursed day’ and ‘hopeless woman’ etc. Superstitious accusations are even more critical calling victims as ‘bad luck’. These accusations are more common for sexual child abuse victims in developing countries. Many parents have stigmatized their psychologically affected children (Paz, Jones & Byrne, 2005). This has increased parents’ paying minimal or no attention to victimized children’s medical needs.

Emotional child abuse has enormous risks to its victims. These victims have emotional instabilities towards their future and lives.

I don’t trust anyone. It’s very difficult to trust a person. Even if a person is nice to me, I feel he/she has some ulterior motives.

Emotional child abuse is highly correlated with caregivers’ behaviours towards children. Children elicit instinctive nurturing responses from their caregivers. Their sensitivity responses determine the type of the secured relationship [anxious-avoidant attachment and anxious-ambivalent attachment] with children (Nyarko, Amissah, Addai & Dedzo, 2014). According to Bowlby, children’s attachment to caregivers enhances children’s behaviours and survival (Papalia, Olds & Feldman, 2004). Belittling behaviours by the caregivers have a huge impact of children.

I was very afraid to everyone when I was a child. I shimmered, stammered and tried to hide myself most of the time from all.

Emotional child abuse has further increased due to the Sri Lankan patriarchal perspectives and other cultural pressures. As most Asian primary caretakers consider the occurrence of partial abuse as an encouragement to train children to show proper behaviour, hence parents are encouraged not to report to relevant authorities (Sathiadas, Viswalingam & Vijayaratnam, 2018). Child abuse victims have alienated even after following reporting mechanisms. Nevertheless, emotional child abuse can be reduced by comprehending the occurrence of child abuse early (Leeb, Lewis & Zolotor, 2011).

Most Sri Lankan children experience negligence from parents and the society as they are unable to provide proper safety, stable resources [food, clothes and shelter], nurturing relationships and right education etc., due to various reasons such as being dual earners, poverty and limited knowledge etc. Inability to provide proper parenting and health advises, and other services like making children to mingle with the society can also be included (Leeb, Lewis & Zolotor, 2011). As DeSilva (1997) has mentioned, unsatisfactory knowledge on child abuse, child rights, reporting mechanisms and medical services were noticeable. This has increased getting exposure to various abuses leading to develop more negative psychological health outcomes. Limited self-awareness on child abuse has decreased the improvement of the child abuse prevention. Parents’/caregivers’ limited knowledge on their psychological health history has increased the aggressive behaviour towards children. Besides, children’s limited knowledge on their parents’/caregivers’

negative psychological health may affect them psychologically and emotionally. Limited knowledge on referral procedures has reduced parents receiving medical services from hospitals leading them to exhibit more violent behaviours towards children (Sathiadas, Viswalingam & Vijayaratnam, 2018). Most children from such parents have suffered insufficient emotional support and neglect from their parents, especially from mothers [due to the postnatal depression] leading to affect the parent-child relationship permanently (Paz, Jones & Byrne, 2005).

Poly [multiple] victimization has encouraged child abuse victims to develop more than one negative psychological health outcome. These victims suffer from multiple health problems, severe pains, poor self-rated health, disabilities and malutilization of health services (Leeb, Lewis & Zolotor, 2011). Poly victimization is linked with Intimate Partner Violence (IPV) and/or battered-women syndrome.

5 CONCLUSIONS

This study has indicated a satisfactory knowledge on child abuse and its impact on negative psychological health outcomes in Sri Lanka. These are linked with various types of child abuse and can affect abused victims throughout their lifespans. Child abuse victims' unhealthy lifestyles place a substantial burden on both victims and the society. It is very necessary to provide more weight to child abuse issues in Sri Lanka.

Sri Lankan government needs to identify the severe consequences of child abuse to implement new strategies in the areas of identification, assessment [disclosure and interviewing], management and prevention [case management, re-referred families, longer in out-of-home placements, less support from protective agencies, adoption and foster care services and court reports], neglect and treatment [treatment outcomes]. A quality collaboration [establishing a multi-disciplinary team] by the state, medical professionals, legal advisers, researchers and psychologists etc., is needed as the primary prevention. Early identification of high-risk child abuse families [families engage in psychological and emotional child abuse] can be reduced by providing them counselling. Schools can enhance these facilities so that the victimized children can get the benefit. Cognitive-behavioural therapy (CBT) should be provided to the needy children. While paying heed to the Bowlby's Attachment theory (1969, 1973 & 1989), it is necessary to reconsider developing and practicing new parenting skills with their own children in home environments. Positive role modelling is needed to encourage child positive behaviour. It is also necessary to educate the public on child abuse to increase the attitudinal changes towards such victims.

Support from the society can be considered to stabilize the psychological health among child abuse victims. As to response to the difficulties face by the

state/service providers when managing victimized shelter homes, it is highly essential to reconsider the limited resources such as knowledgeable authorities and safety homes. Professional information disseminators are needed when disseminating the information of positive psychology, optimism, mind-healing techniques, meditation methods and self-awareness. Agreeing with Leeb, Lewis and Zolotor (2011), more research and innovative solutions are needed in this area. It would be pertinent to use different scales such as Child Abuse Scale, Assessing Environments III, Physical Punishment Scale, Neglect Scale, Psychological Well-being Scale, Rosenberg Self-Esteem Scale, Centre for Epidemiological Studies Depression Scale for Children (CES-DC) and Spence Children's Anxiety Scale to have accurate information. It would be pertinent to apply home-visiting models [such as Nurse-Family Partnership and Chicago-Parent Centers], Western models, computer based models, empirically-driven behavioural modification techniques and population-based screening instruments in the evaluation and prevention of child abuse sensitively to Sri Lankan society. Proper conceptual research framework for child abuse needs to introduce to prevent. Long-term observation on child abuse victims and as well as child abusers is needed to understand the negative consequences and to prevent it.

This study has several strengths and limitations such as considering only a qualitative research design, utilizing an unstructured interview schedule (hindering validity and reliability) and relying on a small sample without covering different geographical and sociocultural backgrounds.

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