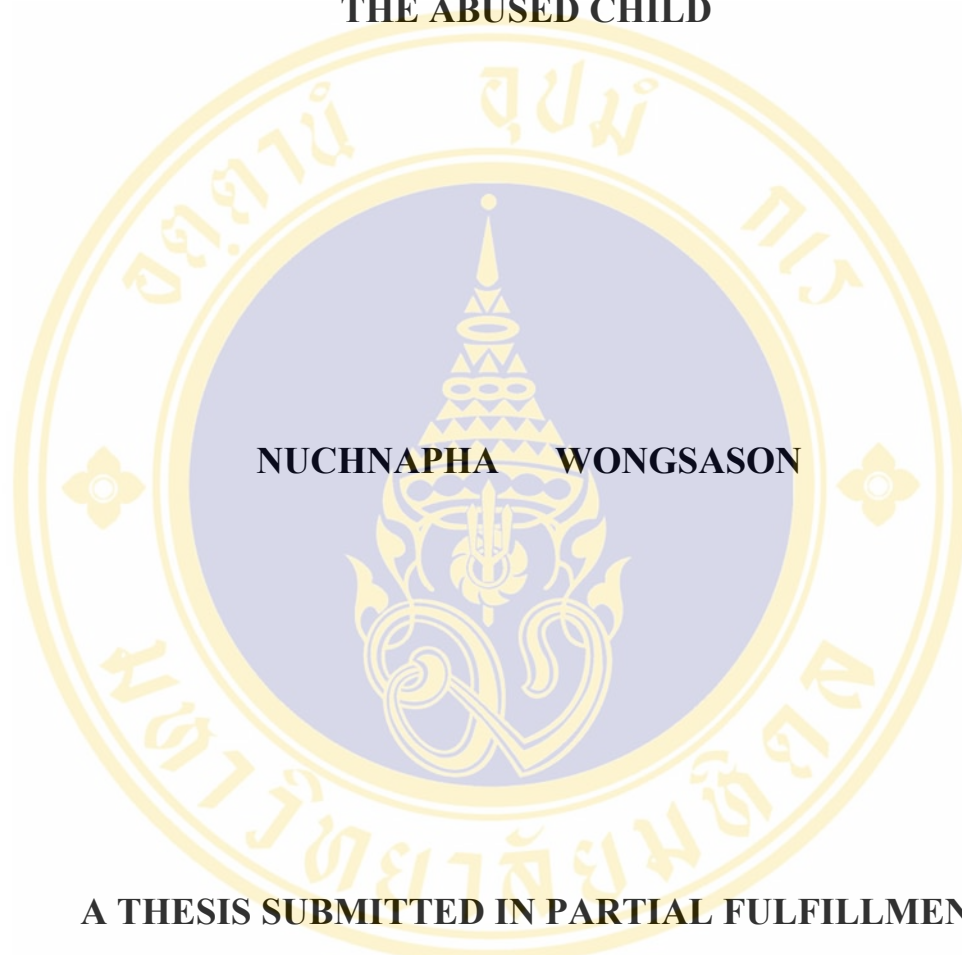


**THE RELATIONSHIP BETWEEN ACADEMIC ACHIEVEMENT,  
FAMILY RELATIONS, PEER GROUPS AND SELF- ESTEEM OF  
THE ABUSED CHILD**



**A THESIS SUBMITTED IN PARTIAL FULFILLMENT  
OF THE REQUIREMENTS FOR  
THE DEGREE OF MASTER OF NURSING SCIENCE  
(PSYCHIATRIC - MENTAL HEALTH NURSING)  
FACULTY OF GRADUATE STUDIES  
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Thesis  
Entitled

**THE RELATIONSHIP BETWEEN ACADEMIC ACHIEVEMENT,  
FAMILY RELATIONS, PEER GROUPS AND SELF-ESTEEM OF  
THE ABUSED CHILD**



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THE RELATIONSHIP BETWEEN ACADEMIC ACHIEVEMENT,  
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ABSTRACT

This study was descriptive research which examined self-esteem of the abused child and the relationship between academic achievement, family relations, peer groups and self-esteem. The samples were 112 Prathomsuksa 6 students of a primary school in Muang District, Nonthaburi Province, Thailand, who suffered severe physical, emotional abuse and minor sexual abuse. Data were collected by questionnaires on December, 2003 and were analyzed by descriptive statistics and Pearson Product Moment Correlation Coefficient.

Results revealed that the abused children were mostly male (64.3 %) (female 35.7%), aged 12 (58%), and lived in an extended family (58.9%). Abused children had low mean scores on self-esteem ( $\bar{X} = 18.46$ ,  $SD = 5.12$ ).

The academic achievement, family relations, and peer groups were positively correlated to self-esteem of the abused children ( $r = .170$ ,  $.307$ , and  $.249$  respectively,  $p < .05$ ).

These findings suggest that psychiatric nurses should collaborate with the schools and student's families in order to support academic achievement, good relationships with family members and peer groups, and also increase self-esteem of abused children.

KEY WORDS: ACADEMIC ACHIEVEMENT / FAMILY RELATION /  
PEER GROUP / SELF-ESTEEM / ABUSED CHILD

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ความสัมพันธ์ระหว่าง ผลสัมฤทธิ์ทางการเรียน สัมพันธภาพในครอบครัว และกลุ่มเพื่อน กับ ความรู้สึกมีคุณค่าในตนเองของเด็กที่ถูกกระทำรุนแรง (THE RELATIONSHIP BETWEEN ACADEMIC ACHIEVEMENT, FAMILY RELATIONS, PEER GROUPS AND SELF-ESTEEM OF THE ABUSED CHILD)

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ประภา ยุทธไทร, พยค.

### บทคัดย่อ

การศึกษาครั้งนี้เป็นการวิจัยเชิงบรรยาย เพื่อศึกษา ความรู้สึกมีคุณค่าในตนเองของเด็กที่ถูกกระทำรุนแรง และความสัมพันธ์ระหว่าง ผลสัมฤทธิ์ทางการเรียน สัมพันธภาพในครอบครัว และกลุ่มเพื่อน กับความรู้สึกมีคุณค่าในตนเอง กลุ่มตัวอย่างเป็นนักเรียนชั้นประถมศึกษาปีที่ 6 สังกัดสำนักงานการประถมศึกษา อำเภอเมือง จังหวัด นนทบุรี จำนวน 112 คน ที่ถูกกระทำรุนแรงในระดับความรุนแรงมากทางด้านร่างกาย และจิตใจ และในระดับความรุนแรงน้อยทางด้านเพศ เก็บข้อมูลโดยให้กลุ่มตัวอย่างตอบแบบสอบถาม ในเดือน ธันวาคม พ.ศ. 2546 โดยใช้ สถิติเชิงพรรณนาและ สัมประสิทธิ์สหสัมพันธ์ของเพียร์สัน

ผลการศึกษาพบว่า เด็กที่ถูกกระทำรุนแรงส่วนใหญ่เป็นเพศชาย (ร้อยละ 64.3) (เพศหญิง ร้อยละ 35.7) ร้อยละ 58 อายุ 12 ปี ร้อยละ 58.9 อยู่ในครอบครัวขยาย เด็กที่ถูกกระทำรุนแรงมีคะแนนเฉลี่ยของความรู้สึกมีคุณค่าในตนเองอยู่ในระดับต่ำ ( $\bar{X} = 18.46$ ,  $SD = 5.12$ )

ผลสัมฤทธิ์ทางการเรียน สัมพันธภาพในครอบครัว และกลุ่มเพื่อน มีความสัมพันธ์ทางบวกกับความรู้สึกมีคุณค่าในตนเองของเด็กที่ถูกกระทำรุนแรง อย่างมีนัยสำคัญทางสถิติ ( $r = .170, .307$ , และ  $.249$  ตามลำดับ  $p < .05$ )

การวิจัยครั้งนี้ มีข้อเสนอแนะว่า พยาบาลจิตเวชควรประสานความร่วมมือกับทางโรงเรียนและครอบครัวของนักเรียน ในการส่งเสริมผลสัมฤทธิ์ทางการเรียน การมีสัมพันธภาพที่ดีกับสมาชิกในครอบครัว และการผูกสัมพันธ์กับเพื่อนๆ เพื่อเพิ่มพูน ความรู้สึกมีคุณค่าในตนเองของเด็กที่ถูกกระทำรุนแรง

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## CHAPTER I

### INTRODUCTION

#### **Background and Significance of the Study**

Child abuse is one of the most important social and public health problems worldwide, and occurs at all levels of social, economic, and education status (Thompson & Rudolph, 2000). U.S. Department of Health and Human Services (2003) reported an estimate of 903,000 children who had been victims of abuse or neglect in 2001. The National Child Abuse and Neglect Data System (NCANDS) had reported an estimate of 896,000 children who were determined to be victims of abuse or neglect in 2002. The rate of victimization per 1,000 children in national population had dropped from 13.4 children in 1990 to 12.3 children in 2002. More than 60 percent of child victims experienced neglect. Almost 20 percent had been physically abused; 10 percent had been sexually abused; 7 percent had been emotionally maltreated. An estimate of 1,400 children passed away due to abuse and neglect. Three-quarter (76 percent) of fatalities in children who were killed were younger than 4 years old; 12 percent were 4 to 7 years old; 6 percent were 8 to 11 years old; and 6 percent were 12 to 17 years old (National Clearinghouse on Child Abuse and Neglect Information, 2004).

In Thailand, the Committee for Women and Youth Activity & Elder Senate has reported child abuse since 2000-2001 that it had found physical abuse for 2,314 cases. They were the use of heat i.e. via cigarette, fire, hot water, iron, or use of weapons or materials; i.e. gun, knife, timber, electrical wire, or hook. There was a case when a 4 month old child was put in a box and was dropped from high building after the care-giver threw a child against the wall. Emotional abuse had been reported for 37,524 cases. They were those infants who were left after maternal delivery on average 7 infants a day. Some children were held in chain and were pushed away. There had been 4,754 cases of sexual abuse. They were cases of rape and murder, force to offer sexual services, being lured to be photographed while having a sexual intercourse. These children were 18 years old for an amount of 3,000 with the

youngest at only 9 months old who were raped by her step father. The statistics account for only 10 % of cases reported at the police station. There were non-reported cases in a tremendous amount (Siamrath News, 2002). One can see that child abuse had been increased continually, both with and without being reported. Majority of cases had not been reported, therefore, there were still a number of children who had been abused by their family members, at school, and in the community, whose cases had not been revealed. The fact had been realized only when the child gets abnormal.

There are many types of child abuse such as physical abuse, emotional abuse, sexual abuse, and neglect (The Federal Child Abuse Prevention and Treatment Act (CAPTA), cited by National Clearinghouse on Child Abuse and Neglect Information, 2004). Child abuse can have consequences for physical health, psychological health, and behavioral of children, families, and society as a whole. It is impossible to separate them completely. Physical consequences can also have psychological implication. Psychological problems often manifest as high-risk behaviors. High-risk behaviors, in turn, can lead to long-term physical health problems. In term of psychological health consequences, immediate emotional effects of abuse isolation, fear, and inability to trust can be translated into life-long consequence including low self-esteem, depression, and relationship difficulties (National Clearinghouse on Child Abuse and Neglect Information, 2004). Particularly, child abuse can have a negative impact on the development of self-esteem (McCann & Pearlman, 1990). It is the worst thing that can harm an individual's sense of competence and worthiness as a developing person, not just the pain involved when abuse is taking place. Not only an abuse be treated by others in such a way to inhibit a development of healthy self-esteem, but it also facilitates the development of negative self-esteem themes and therefore harm an individual on a long-term basis, perhaps for a lifetime (Mruk, 1999). Mullen, Martin, Anderson, Romans & Herbison (1996) examined the associations between a history of physical, emotional and sexual abuse in children and a range of mental health, interpersonal, and sexual problems in adult life within a community sample of women. Abuse was defined to establish groups in order to provide histories of unequivocal victimization. A history of any form of abuse was associated with increased rates of psychopathology, decreased self-esteem. Kongkaew (2001) studied child abuse and effect of abuse on physical, psychological,

and social well-being among primary school children of 1<sup>st</sup> - 4<sup>th</sup> grade in Bangkok Metropolis. From the correlation analysis, it has found that physical and emotional abuse are positively and significantly related to somatic complaints, aggression, and delinquency, whilst negatively related to self-esteem. That under the study has found that child abuse of all types affect the development of self-esteem and behavior.

Self-esteem is a central factor in good social emotional adjustment (Pope, McHale, & Craighead, 1988). It is like a shield which helps buffering us from the sling and arrows of every life (Epstein, 1980; Newman & Newman, 1987), as a life and death issue (Epstein, 1980). Self-esteem is a personal judgment of worthiness that is expressed in attitudes of an individual holding towards himself. It is a subjective experience which an individual conveys to others in verbal reports and other overt expressive behavior (Coopersmith, 1967). In this sense, it is a sense of competence and worthiness (Mruk, 1999). Individual with high self-esteem appears to be more independent, self-directed, and autonomous than their counterparts. In term of concrete behaviors, this aspect of self-esteem was most often relevant to being able to maintain unpopular positions in the face of pressure to conform (Bednar, et al., 1989, Coopersmith, 1967) and to an ability to be assertive (Pope, et al., 1988). Low self-esteem involves a chronic condition of negative affect, pervasive feelings of inferiority, a sense of basic unworthiness, and feeling of loneliness or insecurity. The literature usually characterizes people with low self-esteem as being anxious, depressed, and ineffective. It has also been demonstrated that people suffering from low self-esteem of this type are often very sensitive to negative feedback or criticism (Bednar, Well and Peterson, 1989). Indeed, it has been shown that those with low self-esteem can be so sensitive to negative information about themselves that habitually dismiss positive information (Epstein, 1979; Well & Marwell, 1976).

Child abuse is significance to self-esteem. In term of self-esteem, the study of Coopersmith's shown many factors having influence to self-esteem such as internal and external factors. Internal factor is one individuality which creates each person's self-esteem such as physical attributes, general capacity, and affective state, self-values and aspiration problems & pathology. External factors are situations or conditions where people interact and cause differences of work value including family

relations, school education, social status, and peer groups (Coopersmith, 1981). During one's childhood, specific domains relevant to children feelings of self-worth get changed. In term of general self-worth, positive self-esteem seems to be based on four factors: children relationships with their parents; children self-control of negative effect; self-acceptance; and social conduct. In later stage of childhood, this set of domains is modified to include athletic performance, academic achievement, appearance, conduct, peer acceptance, and general self-worth. As children move into adolescence, we may find that social acceptance by peers becomes increasingly important for a youngster's general self-esteem. The extent to which an adult "fits in" his world, family, peers, school, and possibly work, also helps to determine his self-esteem (Pope, et al, 1988). Rojjanapraphaphun (1998) studied relationship between family relations, child-rearing pattern, and self-esteem of early adolescents in the secondary schools. It has found that family relations and acceptance by peer is positively correlated with self-esteem. From the study of Chaiyakit (1993), variables related to self-esteem in students in Mathayomsuksa 3 students at Narathirat Province, it has found that academic achievement has a positive relation to self-esteem of the child.

Child abuse can have negative impact on the self-esteem. In reality, however, there are many factors having influence on self-esteem in childhood such as internal and external factors, particularly, academic achievement, family relation, and peer group. As a result, in these factors, there may be some influence on self-esteem of the abused child. The researcher explored the relationship between academic achievement, family relations, peer groups and self-esteem of the abused child. This information will be a guideline for nurses to promote, prevent, solve, help, and to rehabilitate the self-esteem of the abused child.

### **Research Questions**

1. What is the self-esteem of the abused child?
2. Is there any relationship between academic achievement, family relations, peer groups and self-esteem of the abused child?

### **Purpose of the Study**

1. To examine self-esteem of the abused child.
2. To examine the relationship between academic achievement, family relations, peer groups and self-esteem of the abused child.

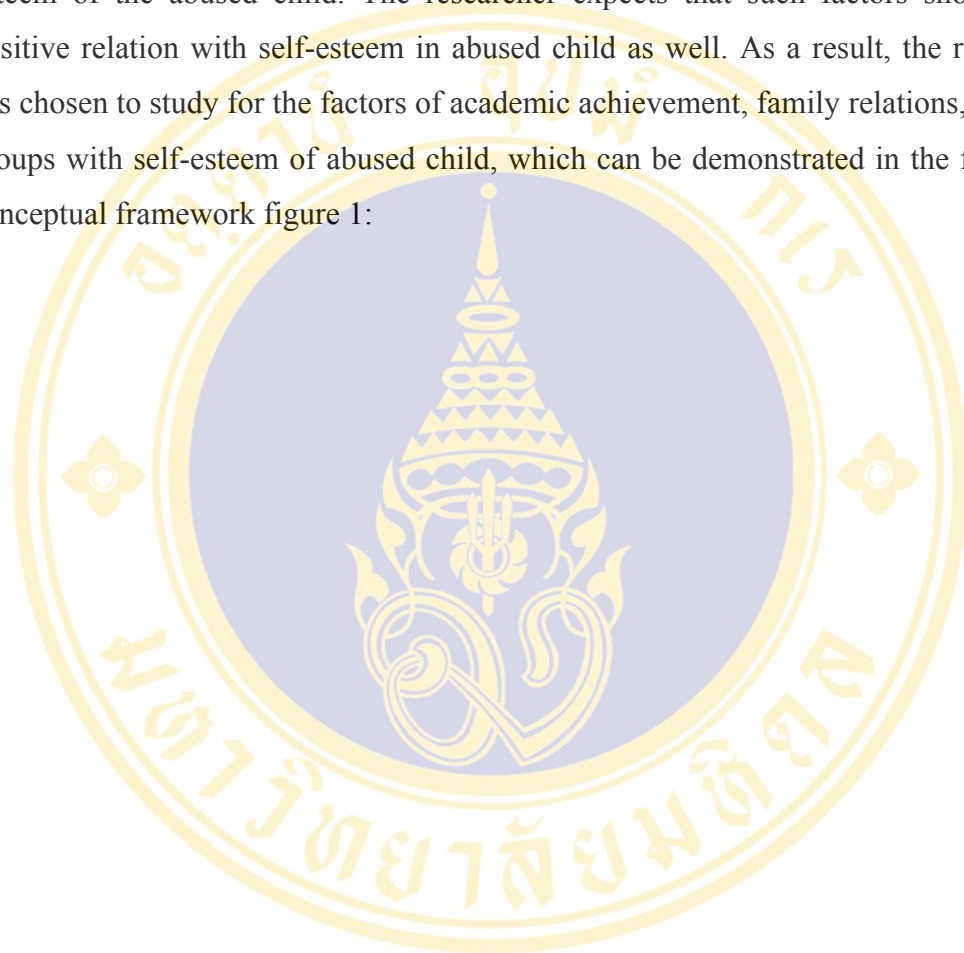
### **Hypotheses**

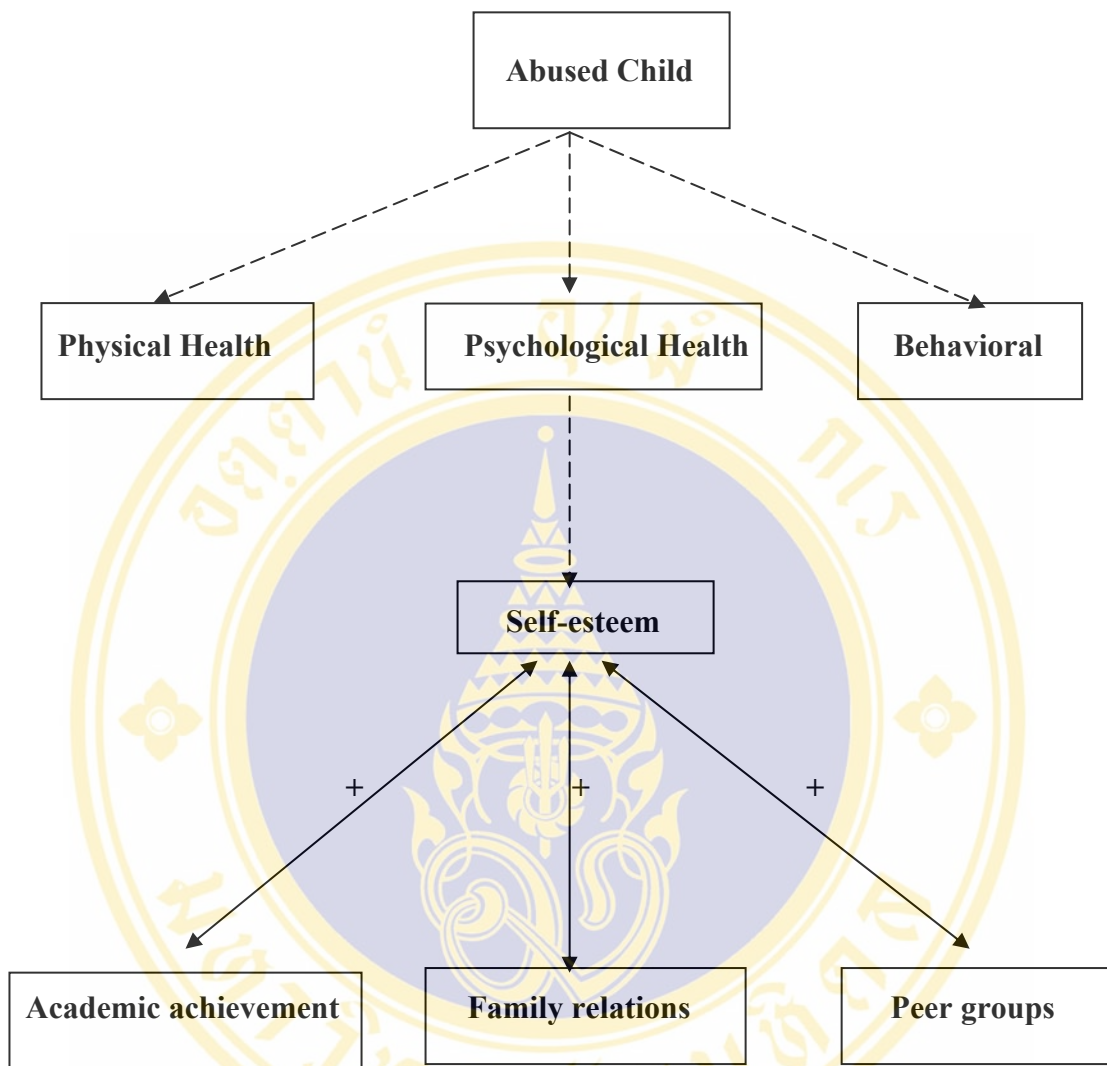
1. Academic achievement is positively correlated to self-esteem of the abused child.
2. Family relations is positively correlated to self-esteem of the abused child.
3. Peer groups is positively correlated to self-esteem of the abused child.

### **Conceptual Framework**

Child abuse is categorized as physical, emotional, and sexual abuse. It can have consequences for physical health, psychological health, and behavioral of children (National Clearinghouse on Child Abuse and Neglect Information, 2004). In term psychological health, child abuse can have a negative impact on the development of self-esteem (McCann & Pearlman, 1990) and facilitates the development of negative self-esteem themes and therefore harm an individual on a long-term basis, perhaps for a lifetime (Mruk, 1999). Self-esteem is a personal judgment of worthiness that is expressed in the attitudes an individual holds towards himself. It is a subjective experience which an individual conveys to other by verbal reports and other overt expressive behavior (Coopersmith, 1967). The study of Coopersmith's shown many factors having influence to self-esteem such as internal and external factors. Internal factor is one individuality which creates each person's self-esteem such as physical attributes, general capacity, affective state, self-values aspiration and problems & pathology. External factors are situations or conditions where people interact and cause differences of work value including family relations, school & education, social status, and peer groups (Coopersmith, 1981). In this research, the researcher has studied both internal and external factors. The researcher has selected only the factors which are essential for one's self-esteem in children. They are academic achievement, family relations, and peer groups. From other studies, it has found that academic

achievement has positive relation to self-esteem in students with statistical significance (Chaiyakit, 1993). Meanwhile, family relations and acceptance by peers have positive relation with self-esteem during early adolescents (Rojjanaphaphun, 1998). However, there has been no study on the factors having relation with self-esteem of the abused child. The researcher expects that such factors should have positive relation with self-esteem in abused child as well. As a result, the researcher has chosen to study for the factors of academic achievement, family relations, and peer groups with self-esteem of abused child, which can be demonstrated in the following conceptual framework figure 1:





**Figure 1:** Conceptual framework of academic achievement, family relations, peer groups, and self-esteem of the abused child.

**Scope of the Study**

The research aimed to examine the relationship between academic achievement, family relations, peer groups, and self-esteem of the abused child who were studying in Prathomsuksa 6 students of a primary school in Muang District, Nonthaburi Province, the Academic year 2003.

## Definition of Terms

**Self-esteem** referred to an evaluation or decision of worthiness of the abused child. It expressed the scope of belief which one had towards one's own capability, importance, success, and self-value which had been accumulated from past up to present experiences. Such experiences involved both internal and external factors. Internal factors was one individuality and external factors are situation or conditions where people interacted. Self-esteem of the abused child was evaluated by the questionnaire of Rojjanaphaphun (1998). The scores of self-esteem ranged from 0-32 item (exclusive of 5 lying items), they were internal self (21 items), external self (11 items) and 5 lying items.

1. Internal self items, which required the respondents to evaluate themselves in general issues about themselves; i.e. physical characteristics of self, one's capability, skills, feelings towards one's confidence, decision-making and adjustment.

2. External self items, which required the respondents to evaluate their attitudes and acceptance of others for themselves.

**Academic achievement** referred to the scores from grade average in Prathumsuksa 6 of abused child which is evaluated from the child's school book recorded the scores for the first semester year 2003.

**Family relations** referred to characteristics of the relationship and feeling of the abused child towards their family member. The relationship is evaluated by the questionnaire of Nithirut, 1997). There are 10 items such as together with the talk, helping out, opinion exchange, love and affection, as well as family atmosphere.

**Peer groups** referred to the closest friends of the abused child, composing of awareness on interaction between children. The peer group was evaluated by the questionnaire of Rojjanaphaphun, 1998). There were 5 positive items, composing of awareness on interaction between children; i.e. knowing one another, having joint activities, helping out, and respecting one another.

**Abused child** referred to those children who had been abused by their family member or other persons. It can be severe physical, emotional abuse and minor sexual abuse. The level of abuse can be evaluated from the questionnaire on physical abuse

and sexual abuse by Skulphan (2001) and on emotional abuse by Auewattana (1999) and based on violence level of emotional abuse following Chittinand (1998).

**(1) Physical abuse** referred to the way the children have been abused physically resulting in some small injury such as throwing something at, pushing, grabbing, shoving, and slapping or spanking, kicking, punching, hitting with a fist or an object, biting, beating up, threatening with a knife or gun , and using of a knife or gun.

**(2) Emotional** referred to the way the children had been emotionally affected from small incidents; such as scolding, comparing with animals, blaming, scapegoating, ignoring, rejecting, isolating, tying, punishing with restriction of food or water.

**(3) Sexual abuse** referred to the way the children had been abused in order to response to the sexual needs of others. It can be minimal like sneaking to watch the children while changing their clothes or taking a bath, persuading them to watch nood photos or movie, dirty talk, up to hugging them, touching their sexual organs, forcing them to touch other's sexual organs, and rape.

### **Expected Outcomes and Benefits**

The knowledge and information gained will be the basic information in planning and developing the factors to support the self-esteem of abused children.

## CHAPTER II

### LITERATURE REVIEW

This study aimed to examine the relationship between academic achievement, family relations, peer groups and self-esteem of the abused child. The literature review include the following topics:

1. Child abuse
  - 1.1 Definition
  - 1.2 Type of abuse and violence level
  - 1.3 Consequence of child abuse
  - 1.4 Assessment of the abused child
2. Self-esteem of the abused child
  - 2.1 Self-esteem
    - 2.1.1 Definition
    - 2.1.2 Development of self-esteem
    - 2.1.3 The importance of self-esteem
    - 2.1.4 Type of self-esteem
    - 2.1.5 Factors related to self-esteem
    - 2.1.6 Assessment of self-esteem
  - 2.2 Self-esteem of the abused child
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## **1. Child abuse**

### **1.1 Definition**

Mahakhun and Patjekvinyooskul (1990) refers to child abuse as the excessive corporal punishment or cruel battering of discipline which cause physical harm or mental injury to the child.

World Health Organization (1999) refers to child abuse as all forms of physical and/or emotion ill-treatment, sexual abuse, neglect or negligent treatment or commercial or other exploitation, resulting in actual or potential harm to the child's health, survival, development, or dignity in the context of a relationship of responsibility, trust or power.

The Federal Child Abuse Prevention and Treatment Act (CAPTA) (cited by National Clearinghouse on Child Abuse and Neglect Information, 2004), as amended by the Keeping Children and Families Safe Act of 2003, refers to child abuse as any recent act or failure to act on the part of parents or care-taker which results in death, serious physical or emotional harm, sexual abuse, or exploitation an act or failure to act, which presents an imminent risk of serious harm.

This study refers to child abuse as all form of physical, emotional, and sexual abuse, resulting in actual or potential harm to the child's health, survival, development or dignity. Children who cannot defend themselves were abused from their family member or other persons.

### **1.2 Type of abuse and violence level**

#### **(1) Type of abuse**

The type of abuse within the minimum standards set by CAPTA (cited by National Clearinghouse on Child Abuse and Neglect Information, 2004) are four major types of maltreatment: neglect, physical abuse, emotional abuse, and sexual abuse. Although any form of child maltreatment may be found separately, they often occur in combination. In this research, the aim is to study specific physical, emotional, and sexual abuse in children, as follows;

(1.1) Physical abuse is physical injury as a result of punching, beating, kicking, biting, shaking, throwing, stabbing, choking, hitting, burning, or

otherwise harming a child. Such injury is considered an abuse regardless of whether the care-taker intended to hurt the child or not.

(1.2) Emotional abuse is a pattern of behavior that impairs a child's emotional development or their sense of self-worth. This may include constant criticism, threats, or rejection, as well as withholding love or withholding guidance.

(1.3) Sexual abuse includes activities by parents or care-taker, such as fondling a child's genitals, penetration, incest, rape, sodomy, indecent exposure, and exploitation through prostitution or the production of pornographic materials.

Most researches had also found that child physical and emotional abuse was associated with age. Children in their 12 years of age or older were physical abused more frequently than all other age groups (Aguilera, 1994). In this study, the researcher has focused on physical, emotional, and sexual abuse in Prathomsuksa 6 students of a primary school in Muang District, Nonthaburi Province, in the Academic year 2003.

## **(2) Violence level of abuse**

### **(2.1) Violence level of physical abuse**

Straus, Gelles & Steinmetz (1980) divided violence level of physical abuse into 2 levels as follows:

- Minor violence: such as throwing something at, pushing, grabbing, shoving, and slapping or spanking.
- Severe violence and very severe violence such as kicking, punching, hitting with a fist or an object, biting, beating up, threatening with a knife or gun, and using of a knife or gun.

Chittinand (1998) divided the violence level of physical abuse into 4 levels as follows:

- Non- violence: such as an imprint on the skin, scratch, little burn, and beat.
- Moderate violence: such as tissue trauma, laceration, and abrasion.
- Severe violence: such as deep wound, broken bone, burn internal organ, head injuries, joint dislocate.

- Very severe violence: overall violence for a long time.

#### (2.2) Violence level of emotional abuse

Chittinand (1998) divided child emotional abuse into 4 levels as follows:

- Minor violence: such as scolding, comparing with animals, blaming, scapegoating.
- Moderate violence: such as ignoring, rejecting.
- Severe violence: such as isolating, tying, punishing with restriction of food or water.
- Very severe violence: over all of violence for a long time.

The research has also selected the violence level of child emotional abuse following, Chittinand's model as follow;

- Minor violence: such as scolding, comparing with animals, blaming, and scapegoating.
- Severe violence (include Moderate, Severe and Very severe violence): such as ignoring, rejecting, isolating, tying, punishing with restriction of food or water.

#### (2.3) Violence level of sexual abuse

Chittinand (1994) divided child sexual abuse into 2 levels as follows:

- Minor violence level: such as exposing their sexual organ to the children, peeping while bath or changing clothes (voyeurism), using obscene language, using obscene telephone calls, and showing pornography in order to arouse the children's sexual emotions.
- Severe violence level: it is divided into 2 aspects as follows:
  - Not penetrating into the child's sexual organ but touching the child's sexual organ or breast with their hands or mouth for arousing the children's sexual emotions, touching by the children at their sexual organ or being masturbated by them.
  - Penetrating into the child's sexual organ such as vaginal or anal intercourse, or rape.

To summary, abused child refers to those children who have been abused by their family member or other persons. It can be severe physical, emotional abuse and minor sexual abuse.

### 1.3 Consequences of child abuse

While physical injuries may or may not be immediately visible, abuse and neglect can have consequences for children, families, and society that last their lifetimes. The impact of child abuse and neglect is often discussed in term physical, psychological, behavioral, and societal consequences. In reality, however, it is impossible to separate them completely. Physical consequences (such as damage to a child's growing brain) can have psychological implication (cognitive delays or emotional difficulties, for example). Psychological problems often manifest as high-risk behaviors. Depression and anxiety, for example, may arouse a person to smoke, to drink alcohol, or to use illicit drugs. High-risk behaviors, in turn, can lead to long-term physical health problems, such as sexually transmitted diseases, cancer and obesity (National Clearinghouse on Child Abuse and Neglect Information, 2004).

(1) Physical health consequences: an immediate physical effect of abuse or neglect can be relative to minor or severe level of abuse. In some cases, physical effects are temporary; however, the pain and suffering caused to a child can not be omitted. Meanwhile, long-term impact of child abuse and neglect on physical health is just a beginning step to be explored. Below are some outcomes which many researchers have identified:

- Shaken baby syndrome: an immediate effect of shaking a baby which include vomiting, concussion, respiratory distress, seizures, and death. Long term consequences can include blindness, learning disabilities, mental retardation, cerebral palsy, or paralysis (Conway, 1998).

- Impair brain development: child abuse and neglect have been shown, in some case, to cause important regions of the brain to fail forming properly, resulting in impaired physical, mental, and emotional development (Perry, 2002; Shore, 1997). In other cases, the stress of chronic abuse can cause a hyper-arousal response by certain areas of the brain, which may result in hyperactivity, sleep disturbances, an anxiety, as well as increased vulnerability, to post-traumatic stress

disorder, attention deficit/hyperactivity disorder, conduct disorder, as well as learning and memory difficulties (Perry, 2001; Dallam, 2001).

- Poor physical health: from a study of 700 children who were in foster care for 1 year has found that more than one-quarter of the children have some kind of recurring physical or mental health problems (National Survey of Child and Adolescent Well-Being). A study of 9,500 HMO participants showed a relationship between various forms of household dysfunction (including childhood abuse) and long-term health problem such as sexually transmitted diseases, heart diseases, cancer, chronic lung diseases, skeletal fractures, and liver disease (Hillis, Anda, Felitti, Nordenberg, & Marchbanks, 2000; Felitti, Anda, Nordenberg, Williamson, Spitz, Edwards, Koss, & Marks, 1998).

(2) Psychological health consequences: an immediate emotional effects of abuse, isolation, fear, and inability to trust can translate into lifelong consequence, including low self-esteem, depression, and relationship difficulties. (National Clearinghouse on Child Abuse and Neglect Information, 2004). Researchers have identified links between child abuse as follows:

- Poor mental and emotional health: in one long-term study, as many as 80 percent of young adults who were abused met the diagnostic criteria for at least one psychiatric disorder at the age of 21. These young adults exhibited many problems, including depression, anxiety, eating disorders, and suicide attempts (Silverman, Reinherz, & Giaconia, 1996). Other psychological and emotional conditions associated with abuse and neglect includes panic disorder, dissociative disorders, attention-deficit/hyperactivity disorder, post-traumatic stress disorder, as well as reactive attachment disorder (Teicher, 2000).

- Cognitive difficulties: the National Survey of Child and Adolescent Well-Being recently found that children placed in out-of-home care due to abuse or neglect tended to score lower than the general population on measures of cognitive capacity, language development, and academic achievement (U.S. Department of Health and Human Services, 2003).

- Social difficulties: children who are abused and neglected by care-takers often do not form secure attachments to them. These early attachment

difficulties can lead to later difficulties in relationships with other adults as well as with peers (Morrison, Frank, Holland, & Kates, 1999).

### (3) Behavioral consequences

Not all victims of child abuse and neglect will experience behavioral consequences. However, child abuse and neglect appear to make the following more likely:

- Difficulties during adolescence: studies have found abused and neglect children to be at least 25 percent more likely to experience problems, such as delinquency, teen pregnancy, low academic achievement, drug use, and mental health problem (Kelley et al., 1997).

- Juvenile delinquency and adult criminality: National Institute of Justice's study indicated that abused or neglected child has increased the likelihood of arrest as a juvenile by 59 percent. Abuse and neglect has increased the likelihood of adult criminal behavior by 28 percent and violent crime by 30 percent (Widom & Maxfield, 2001).

- Alcohol and other drug abuse: research consistently reflects an increased likelihood that abused or neglected children smoke cigarettes, drink alcohol, or take illicit drugs. According to the National Institute on Drug Abuse, as many as two - thirds of people in drug treatment programs reported are abused children (2002).

- Abusive behaviors: abusive parents often have experienced abuse during their own childhoods. It is estimated that approximately one - third of abused and neglected children will eventually victimize their own children (Prevent Child Abuse New York, 2001).

### (4) Societal consequences

While child abuse almost always occurs within the family, its impact does not end there. Society as a whole pays a price for child abuse, in terms of both direct and indirect costs, such as:

- Direct costs: include those associated with maintaining a child welfare system to investigate allegations of abused, as well as expenditures by the judicial, law enforcement, health, and mental health systems to respond to and treat abused children and their families.

- Indirect costs: represent the long-term economic consequences of child abuse. These include juvenile and adult criminal activity, mental illness, substance abuse, and domestic violence. They can also include loss of productivity due to unemployment and underemployment, cost of special education services, and increased use of the health care system.

Effects vary depending on the circumstances of the abuse, personal characteristics of the child, and child's environment. Consequences may be mild or severe; disappear after a short period or last a lifetime; and may affect the child's physically, psychologically, behaviorally, or in some cases the combination of all three. Ultimately, due to related costs to public such as health care, human services, and educational systems, abuse impacts will not just fall on the child and his family, but also on society as a whole (National Clearinghouse on Child Abuse and Neglect Information, 2004).

#### **1.4 Assessment of the abused child**

For an assessment of the abused child, the researcher used a questionnaire with a content to be in line with the definition of the variables. The items are short and easily understood, since the children are less than 12 years of age.

(1) Physically abused questionnaire. The researcher used the questionnaire of Skulphan, which studied mental health status of physically and/or sexually abused senior primary school students: Bangkoknoi District, Bangkok Metropolitan. The questionnaire followed on Straus, Gelles, & Steinmatz's model. The reliability of instrument was .76 (Skulphan, 2001).

(2) Emotionally abused questionnaire. The researcher used the questionnaire of Auewattana (1999), which studied physical and emotional violence towards children by parents study among Prathomsuksa 6 students in the schools of the Department of primary school Muang District, Amnatcharoen Province, and based on violence level of emotional abuse following Chittinand (1998). The reliability of instrument was 0.73.

(3) Sexual abused questionnaire. The researcher used the questionnaire of Skulphan, which developed Chittinand's model. The reliability of instrument was .76 (Skulphan, 2001).

## **2. Self –esteem of the abused child**

### **2.1 Self-esteem**

#### **2.1.1 Definition**

Branden (1969) refers to self-esteem in two interrelated aspect: it entails a sense of personal efficacy and a sense of personal worth. It is the integrated sum of self-confidence and self-respect. It is the conviction that one is competent to live and worthy of living.

Coopersmith (1967) refers to self-esteem is a personal judgment of worthiness that is expressed in the attitudes an individual holds towards himself. It is a subjective experience which an individual conveys to others by verbal reports and other overt expressive behavior.

Maslow (1970) said that self esteem composes of two main cores which are;

(1) Self- respect: represents the states when a person sees the value of himself and thus, is strong, capable, self- admired, self-confidence, and independent.

(2) Esteem for others: a kind of self-image which results from the way people think about themselves. This can be reflected when a person is honorable, reputable, powerful, glorious, accepted, respected, cared, dignified, as well as a person who holds high job position.

Taft (1985) refers to that it is an evaluation or a decision one's worth by taking in the process of self –awareness on one's worth in 2 steps as follows:

1. Inner self-esteem: an awareness of one's worth by evaluating one's capability, skills, and actions which gain desired or expected result. This self-worth is created permanently from first stage of experiences.

2. Outer self-esteem: an awareness of one's worth by evaluating one's attitudes and acceptance by others towards oneself. This self-worth changes as per one's social role and competency in facing the problems of that individual.

In summary, self-esteem refers to an evaluation or decision of worthiness. It expresses the scope of belief which one has towards one's own capability, importance, success, and self-value which have been accumulated from past up to present experiences.

### **2.1.2 Development of self-esteem**

During childhood, specific domains relevant to children's feelings of self-worth get changed. In terms of general self-worth, for instance, positive self-esteem seems to be based on four factors: children's relationships with their parents, children's self-control of negative effect, self-acceptance, and social conduct. Important dimensions for preschoolers include social approval measured in terms of social acceptance by peers and mothers, and general competence measured in terms of cognitive competence and physical abilities. In later childhood, this set of domains is modified to include athletic performance, academic achievement, appearance, conduct, peer acceptance, and general self-worth. As children move into adolescence, we may find that social acceptance by peers becomes increasingly important for a youngster's general self-esteem. The extent to which an adult "fits in" his world, family, peers, school, and possible work, also helps to determine his self-esteem. As the adolescent struggles to form a unified self-identity, the consistency of demands from each of these different areas of his life may particularly be important to his feeling of general self-esteem. The fact is that this is a time when a youngster begins to participate in an increasingly wide variety of activities and to come into contact with a broader range of persons. This means that it may be more difficult to integrate and meet conflicting demands that an adolescent experiences (Pope, et al., 1988).

### **2.1.3 The important of self-esteem**

Self-esteem refers to an evaluation which an individual makes and customarily maintains in regard to himself. It expresses an attitude of approval or disapproval, and indicates the extent to which an individual believes himself to be capable, significant, successful, and worthy. In short, self-esteem is a personal judgment of worthiness that is expressed in the attitudes which an individual holds

towards himself. It is a subjective experience which an individual conveys to others in verbal reports and other overt expressive behavior (Coopersmith, 1967). In this sense, self-esteem is a sense of competence and worthiness (Mruk, 1999) and a central factor for good social and emotional adjustment (Pope, et al, 1988), which appears to be connected to broad dimensions of human behavior. On the one hand, this vital human phenomenon is often understood to be relevant with positive mental health and general psychological well-being. People with high self-esteem are protected by a network of internal and interpersonal resources which shield the self from most traumas. (Frey & Carlock, 1989). It is like a shield which helps buffering us from the sling and arrows of every life (Epstein, 1980; Newman & Newman, 1987), as a life and death issue (Epstein, 1980).

On the other hand, the lack of self-esteem is often related to a number of important negative possibilities with which we need to be concerned, such as feeling of inadequacy, a sense of unworthiness, increased anxiety, depression, suicide, child abuse of all types, exploitative relationships among adults, and certain mental health disorders (Coopersmith, 1967; Skager & Kerst, 1989).

For children, a healthy self-esteem has been seen as especially valuable, since it serves as the foundation for a child's perceptions of life experiences. The social-emotional competence derived from this positive self-appraisal can be a force that helps the child to avoid future serious problems. Low self-esteem is mentioned as an associated feature of several of childhood disorders. Two very different examples of this are attention deficit disorder, which is marked by impulsivity, inattention, and avoidance disorder, which are a severe form of social anxiety. Although it is unclear whether low self-esteem actually is a cause of any disorder, the fact that it can be associated with serious problems in childhood may be a legitimate reason to intervene. In any case, it seems plausible that a strong self-esteem could, to some extent, offset some childhood problems, resulting in difficulties of a less severe nature. A child who feels good about herself may cope better with the problem she encounters, so that they never develop into major difficulties for her. In addition to being a component of mental health, self-esteem appears to be associated with academic achievement. Numerous researchers have found a relationship between positive self-esteem and higher grades in school. This relationship is even stronger when one looks specifically into

children's evaluations themselves as students. Again, we can't be certain whether high self-esteem causes good grades or vice versa, but causality probably operates in both directions. A child's view of his or her academic performance will certainly affect his self-evaluation. Conversely, a phenomenon known as a "self-fulfilling prophecy" suggests that an individual's beliefs about himself will have a strong impact on how well he performs, sometimes in spite of his actual abilities (Pop, et al., 1988).

#### **2.1.4 Types of self-esteem**

There are four types of self-esteem (Mruk, 1999), as follows: high, medium, low, and defensive. In this research, the researcher has focused on high, medium and low self-esteem as follows:

##### **(1) High self-esteem**

There is a supporting evidence as a link a between high self-esteem and several desirable personality characteristics associated with mental health and well-being. First, high self-esteem seems to correlate with positive affect. Some authors point to this characteristic conversely by indicating that there is a relationship between low self-esteem and negative affect, such as depression and joylessness (Battle, 1982). Others note that self-esteem is hedonically preferred (Wells & Marwell, 1976) which means that high self-esteem simply feels better and makes life seem better than low self -esteem. Another way to talk about this phenomenon is to describe self -esteem as a positive or benign "illusion" about one's characteristics and abilities (Baumeister, 1993; Campbell & Lavallec, 1993), which allows us to see ourselves or our life in a slightly rosier light than either may actually deserve. In short, a positive degree of competence and worthiness is desirable because it makes life more tolerable, spontaneous, and enjoyable. Another general personality characteristic often associated with self-esteem is that of increased openness to experience and possibilities that comes with being effective in dealing with various tasks and challenges of living successfully. Evidence for this point of consensus comes from studies that show a like between high self-esteem and success in certain areas (Mruk 1999) For instance, Plummer (1985) found that high self-esteem is related to competent (effective) performance, in that individuals exhibiting high self-esteem were more likely to complete tasks successfully and to do so more often than those

with low self-esteem. Individuals with high self-esteem appear to be more independent, self-directed, and autonomous than their counterparts. In terms of concrete behaviors, this aspect of self-esteem was most often related to being able to maintain unpopular positions in the face of pressure to conform (Bednar, Wells & Peterson, 1989; Coopersmith, 1967) and to the ability to be assertive (Pope et al., 1988).

Certain related perceptual and motivational characteristics also seem to be involved here. For instance, people with high self-esteem seem to be able to accept both positive and negative feedback about themselves more easily than those with low self-esteem, who tend to focus more on negative feedback and may even discount the positive feedback altogether (Well & Marwell, 1976). Similarly, people exhibiting high self-esteem tend to do the opposite (Campbell & Lavalley, 1993; Tice, 1993), although both groups engage in both activities. Finally, individuals with high self-esteem appear to know themselves better than those with low self-esteem (Blaine & Crocker, 1993).

#### (2) Medium self-esteem

Medium self-esteem is a midpoint on the continuum of qualities from low to high self-esteem. Higher self-esteem simply means more of it (confidence, autonomy, spontaneity, etc) and is always better (Coopersmith, 1959; 1967). Other researchers, such as Block and Thomas (1955) Cole, Oetting, and Hinkle (1967), and Weissman and Ritter (1970), see medium self-esteem as a distinct type. These researchers tend to see the relationship between self-esteem and personality characteristics as curvilinear rather than linear. In other words, people with medium self-esteem have the best of both ends of the self-esteem continuum because they avoid either extreme. We can use the analogy of self-esteem as a positive illusion to help understand this type of behavior. If we think of self-esteem as a kind of benign illusion, then we do not want the extremes, for an illusion that is too weak means that we are so vulnerable that we have to direct our behavior towards protecting what self-esteem we do have, a situation that puts us into a classically low or defensive self-esteem mode. Too much belief in our own worthiness and competence, on the other hand, could actually make us more vulnerable to pitfalls by not recognizing realistic limits or by taking unrealistic risks (Baumeister, 1993). In this sense, a medium degree

of benign self-deception about our competence and worthiness may be optimal in that it allows us to be open to life but not stupidly so (Mruk, 1999).

### (3) Low self-esteem

One important thing self-esteem seems to do that most research agrees upon is to help buffering us from the slings and arrows of everyday life (Epstein, 1980, Newman & Newman, 1987). In this sense, self-esteem is like a shield. Those who have a positive degree of self-esteem are better equipped to face life and tolerate challenge than those who do not. If so, then people with low self-esteem can be linked to soldiers carrying their or worn shield into the battles of life, which means that they must be more attuned to potential threats, and to threats of a lesser nature, than is otherwise necessary. This deficit is found in the concept of vulnerability (Baumeister, 1993; Kernis, 1993; Rosenberg, 1965). The low self-esteem involves a chronic condition of negative affect, pervasive feelings of inferiority, a sense of basic unworthiness, and feeling of loneliness or insecurity. The literature usually characterizes people with low self-esteem as being anxious, depressed, and ineffective. It has also been demonstrated that people who suffer from low self-esteem of this type are often very sensitive to negative feedback or criticism (Bednar et al., 1989). Indeed, it has been shown that those with low self-esteem can be so sensitive to negative information about themselves that they habitually dismiss positive information (Epstein, 1979; Well & Marwell, 1976).

In summary, individuals with high self-esteem appear to be more independent, self-directed, and autonomous than their counterparts. The low self-esteem involves a chronic condition of negative affect, pervasive feelings of inferiority, a sense of basic unworthiness, and feeling of loneliness or insecurity, and medium self-esteem is a midpoint on the continuum of qualities from low to high self-esteem. It is indicated by agreement and social respect, but not confidence.

#### **2.1.5 Factors related to self-esteem**

Coopersmith (1981) studied about influences to self-esteem as follows:

## 1. Internal factor

Internal factor is one individuality which creates each person's self-esteem.

### (1) Physical attributes

Physical attributes have direct effect on self-esteem which one can see from weight, height, appearance, health, strength, and activeness. A person with good physical attributes shall have self-satisfaction and higher self-esteem than a person with inferior appearance. This idea is in line with Adler's that every human has physical weak points and try to make up for those weak points by creating their strong point. Moreover, human beings have not only inferior physical point, but also social, emotional and mental weak points. However, the degree of physical attribute's effect on self-esteem also depends on social values (Coopersmith, 1981).

### (2) General capacity, ability and performance

These three components have inter-relationship and support to a person's self-esteem. They indicate the frequency of success or failure of any affairs. Individuals who have school and work achievement shall have positive self-esteem. In contrast, failure causes negative self-esteem, especially children in school age, when level of intelligence also plays an important role in school achievement. It is the criteria for school capability and ability which leads to increase of self-value (Coopersmith, 1981). Epstein (1979) found that experiences that have a direct impact on a high level to self-esteem are achievement-failure experiences. Regardless of the management of a situation or an act on some problems, when one succeeds, one will have more self-esteem. On the other hand, when one fails, their self-esteem will be lower.

### (3) Affective state

Affective state reflects satisfaction, happiness, anxiety or other conditions of individuals both internal and external. Most of the time, it is caused by an evaluation of self-experience and perception of reactions from others which greatly effect self-evaluation. Individuals who estimate themselves shall communicate and behave in a positive way. He thinks that he is capable, satisfied, admired, happy and less worried. He will have greater self-esteem than a person who has negative self-

esteem or underestimate himself. This kind of person lacks happiness in life and look down on himself. He is also worthless, worried, and hopeless (Coopersmith, 1981).

#### (4) Self-values

Self evaluation depends on one's value and self-comparison with other things which he places different importance. Individuals tend to use social value as a judge for self-evaluation. If self-value is compatible with social value, self-esteem shall augment. Meanwhile, incompatibility results in lower self-esteem. The mentioned characteristics are different in each life's stage. Furthermore, having changed to take compatible action with his own important self-value, a person's self-esteem shall increase. For example, a person who greatly values school achievement will be very much satisfied and has higher self-value due to educational success (Coopersmith, 1981).

#### (5) Aspiration

Individuals compare their own ability with targeted goal. Therefore, if he can reach the target or higher, a person will have feeling of success and value, and aspiration which leads to the next higher targets. On the contrary, too high expectation and impractical goal causes a person's failure and worthlessness (Coopersmith, 1981).

#### (6) Problems and pathology

Health and mental problems have negative effects on self-esteem. Rosenberg's research proves that male teenagers having low self-esteem tend to have mental problem, be unattractive, anxious, unhappy, and considered themselves as a failure. (Gurney, 1988) A person with less health problems have high self-esteem (Coopersmith, 1981).

## **2. External factor**

External factors are situations or conditions where people interact and cause differences of work value including:

### (1) Family relations

Family atmosphere is a great influence on a person as it is considered a strong support for self-esteem. From the beginning of life, warm and happy family, where parents have high self-esteem, emotional stability, flexibility, self-confidence, and good relationship with kids, as well as showing their care and

acceptance, giving importance and support to their children, shall serve as self-esteem's foundation which is developed from love. Real acceptance from parents leads to children development and high self-esteem (Coopersmith, 1981). Harter (1993) stated that the destruction of self-esteem is the lack of care or being hurt by parents, the children, therefore, can not develop their self-esteem on a high level.

#### (2) School & education

School experience takes part in enhancing children's self-esteem after their family. In school, children can participate in many kinds of activities. They can also show their skills and capability while learning to cope with problems by themselves. This results in their higher confidence and pride (Coopersmith 1981).

#### (3) Social status

Differences of social status result in a comparison between oneself and others by considering profession, position, social role, family, and financial status. The above conditions are the reasons why people treat each other differently. Person in high social status will get a better treatment that creates higher self-value than of those with middle or low social status. However, the research also shows that the relation between social status and self-esteem is not significant because people in low social status can have high as well as low self-esteem. Coopersmith found that Jew, the minority which considered low class, have higher self-esteem than Protestant and Catholic who are in a higher social status Coopersmith (1981).

#### (4) Peer groups

Peer groups refers to a companion that the person gathers closely together to form a recognizable unit. Individuals learn about and evaluate self by comparing their skills, capacity, and ability with his friends. If a person is accepted, trusted, and admired by their friends, they will feel important, and at the same time, their self-esteem will rise (McNiel, 1975). In contrast, a person, who is always blamed, feels as unimportant and ridiculed, tends to have low self-esteem. Epstein (1979) found that experiences of acceptance-rejection from friends or from the loved ones, or their family members, will have an impact on one's self-esteem. Should they be accepted, their self-esteem will be heightened. Should they be rejected, their self-esteem will be lowered.

To summarize, Coppersmith showed many factors having an influence on self-esteem, such as internal and external factors. Internal factor is one individual which makes each person's self-esteem, such as physical attributes, general capacity, affective state, self-values, and aspiration problems and pathology. External factors are situations or conditions where people interact and cause differences of work value including family relations, school & education, social status, and peer groups.

#### **2.1.6 Assessment of self-esteem**

The researcher used the questionnaire of Rojjanapraphaphun, which studied on relationship between family relations, child rearing pattern and self-esteem of early adolescents in the secondary schools under the Department of general education's Aranyaprathet District, Sakaeo Province. The questionnaire developed from the Guyney Self-Esteem Inventory. This scale is the result of a research effort to rewrite Coopersmith's Test (Rojjanapraphaphun, 1998). The researcher used this questionnaire since it is appropriate for children in the age of 10-12 who have their emotional and behavioral problems, learning difficulties and general children. Reliability score is 0.86 (Guyney, 1979).

#### **2.2 Self-esteem of the abused child**

Self-esteem is a sense of competence and worthiness. It is possible to give an example of how competence and worthiness can be affected by various events in early life (Mruk, 1999). There is another class of behavior and characteristics that involve lower self-esteem (those of clinical significance). A large group of self-esteem-related phenomenon concerning such thing as the negative impact of physical, emotional, or sexual abuse on self-esteem (McCann & Pearlman, 1990). Child abuse is what destroys an individual's sense of competence and worthiness as a developing person, not just the pain involved when the events takes place, but also a way to inhibit the development of healthy self-esteem. It also facilitates the development of negative self-esteem themes and thereby plagues a person long after the event, perhaps for a lifetime (Mruk, 1999).

There are many research studied on how child abuse can affect one's self-esteem, as follows:

Mullen, et, al. (1996) examined the associations between a history of physical, emotional and sexual abuse in children and a range of mental health, interpersonal, and sexual problems in adult life in a community sample of women. Abuse was defined to the groups by giving histories of unequivocal victimization. A history of any form of abuse was associated with increased rates of psychopathology, sexual difficulties, decreased self-esteem, and interpersonal problems.

O'Toole, and Oates (1997) an advantage of this study is that it is one of the very few that involves a good number of well-stratified subjects, a comparable control group that did not experience abuse, and a longitudinal design that compared the two groups of children over a 5 - year period. In addition to confirming the general finding that sexually abused children suffer increased rates of several types of mental health problems, such as low self-esteem, depression, anxiety, binge eating, and self-injury, this study also found that the difficulties continue over time. Such finding is important because it supports the idea that sexual abuse can go beyond "just" creating a problem: It may become a developmental influence itself. The authors also indicated that the findings are consistent with Finkelhor and Browne's (1985) model of traumatization. This view identifies four "traumagenic dynamics" that are associated with the "categories of psychological injury experienced by children who have been sexually abused." They are sexual traumatization (learning age-inappropriate sexual behavior), betrayal (feelings of depression, hostility, or isolation associated with the abuse), powerlessness (described as anxiety, a decreased sense of personal efficacy, and increased risk of victimization in the future), and stigmatization (a sense of self-blame or shame).

Kongkaew (2001) studied child abuse and effect of abuse on physical, psychological, and social well-being among primary school children from 1<sup>st</sup> - 4<sup>th</sup> grade in Bangkok metropolis. The correlation analysis has found that physical and emotional abuse were positively and significantly related to somatic complaints, aggression, and delinquency, as well as negatively related to self-esteem.

This study was to find out that child abuses of all types are quite consistent with the self-esteem in several ways, which can have a negative impact on the development of self-esteem and behavior in long-term.

### **3. Factors related to self-esteem of the abused child**

From the past study of Coopersmith, it has found that there are a number of factors relevant with self-esteem both internal and external ones. Starting from being young, their family relation is the first important factor influencing their development of self-esteem. Passing on to their learning age, the children need to get out to the social world; i.e. school and friends. They will be successful in their study and winning in the games. They will have interaction with their friends and will be accepted by their peer group, which are vital to the development of their self-esteem in learning age. Family relation is still important for the children. Therefore, their academic achievement which is an internal factor and family relation and peer group which are external factors are then essential for children in their learning age.

#### **3.1 Academic Achievement**

Academic achievement refers to the qualification and the capability of an individual arising from learning and is a change in behavior as well as experiences from learning-training-teaching (Somjai, 1999). It can also be a success earned from knowledge, capability, skills, or study result or work result the children get from the conduct of some activities (Thaneerat, 1975).

In the research, academic achievement refers to the scores from grade average in Prathomsuksa 6 of the abused child which is evaluated from the child's school book recorded the scores for the first semester year 2003, the level of the academic achievement is divided as follows:

- Score of less than 2.00 means low level of academic achievement
- Score of 2.00-2.99 means medium level of academic achievement
- Score of 3.00-4.00 means high level of academic achievement.

Chaiyakit (1993) studied on the variables relevant with self-esteem in Mathayomsuksa 3 students at Narathiwat Province has found that academic achievement has positive relation with self-esteem of the students ( $r = .13, p < .01$ ).

Plinney, Cantu, and Kurtz, (1997) studied on the nationality and the characteristics of Americans in predicting the feeling of self-esteem in African-American teenagers, Latin, and the white. The samples were high school students

born in the States for 669 students, aging from 14-19 years old. It has found that academic achievement has the relation with self-esteem with statistical significance. Students with high academic achievement will have their high self-esteem as well. As a result, academic achievement has the relation with self-esteem.

### 3.2 Family Relations

Family relations refers to the relation or the commitment of family members in joint activities, composing of love, affection, care, respect to one another, being relaxed, and be in unity in the family (Friedman, 1992).

In the research, family relations refers to characteristics of the relationship and feeling of abused child towards their family member, as together with the talk, helping out, opinion exchange, love and affection, as well as family atmosphere.

Rojjanapraphaphun (1998) studied on relationship between family relations, child rearing pattern and self-esteem of early adolescents in the secondary schools under the Department of general education's Aranyaprathet District, Sakaeo Province. It has found that family relations positively correlated with self-esteem ( $r = .2288$ ,  $p\text{-value} = .001$ ).

Tayansin (1998) studied on the influence of family on the self-esteem during early teenager has found that the relation with parents, closeness to the family, and the characteristics of bringing-up have positive influence on self-esteem with statistical significance.

Chaiyakit (1993) studied on variables relevant to self-esteem of Mathayomsuksa 3 students in Narathiwat Province has found that family relation has positive relation with self-esteem of students ( $r = .49$ ,  $p\text{-value} < 0.01$ ).

For the assessment of family relations, the researcher has used the questionnaire of Nithirut (1997), which studied factors relating to child abuse in family: study of Prathomsuksa 6 students of Bangkok Metropolitan School. The reliability was 0.71. The researcher has chosen this questionnaire as it is easy to understand the questions asked and there are not too many questions on the form.

### 3.3 Peer Groups

Peer groups refers to the group of children with similar characteristics (Limpaitoon, 1979) with care and joint activities (Linda, 1991).

In the research, peer group refers to the closest friends of the abused child, composing of awareness on interaction between children; i.e. knowing one another, having joint activities, helping out, as well as respecting one another.

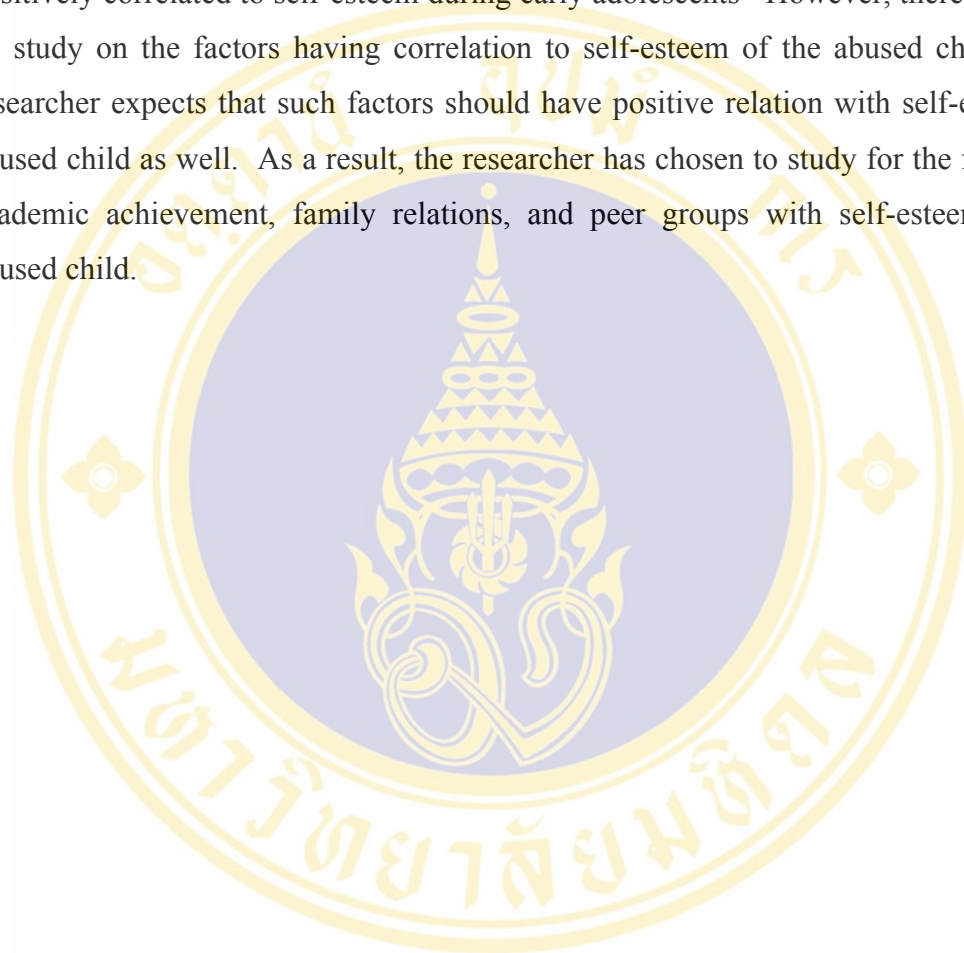
Rojjanaphaphun (1998) found that acceptance by peer has positively correlated with self-esteem in early adolescents ( $r = .1216$ ,  $p$ -value = .46).

For the assessment of peer groups, the researcher has used the questionnaire on peer groups by Rojjanaphaphun (1998) which has been constructed in the concept of Dusek. The reliability was 0.61. The researcher has chosen this questionnaire as it is easy to understand the questions asked and there are not too many questions on the form.

From the study on factors related to self-esteem of the children, it has found that academic achievement, family relations and peer groups have the relation with children's self-esteem. But, there has been no study on the factors having relation to self-esteem in abused children. The researcher believes that the abused children should have factors related to self-esteem in a similar manner. Therefore, the 3 factors as above stated are chosen for this study.

In summary, child abuses as all form of physical, emotional, and sexual abuse are resulting in actual or potential harm to the child's health, survival, development or dignity. Children who cannot defend themselves were abused from their family members or other persons. Child abuse can have consequences for physical health, psychological health, and behavioral of children, families, and society as a whole. In term psychological health, child abuse can have a negative impact on the development of self-esteem and facilitates the development of negative self-esteem themes and therefore harm an individual on a long-term basis, perhaps for a lifetime. Self-esteem is a personal judgment of worthiness that is expressed in the attitudes an individual holds towards himself. It is a subjective experience which an individual conveys to others by verbal reports and other overt expressive behavior. Such experiences involve both internal and external factors. An internal factor is one individuality and external factors are situation or conditions where people interact. For

internal factors, they are physical attributes, general capacity, ability and performance, affective state, self-values aspiration, problem and pathology. For external factors, they are family relations, school and education, and peer groups. From other studies, it has found that academic achievement, family relations and acceptance by peers have positively correlated to self-esteem during early adolescents. However, there has been no study on the factors having correlation to self-esteem of the abused child. The researcher expects that such factors should have positive relation with self-esteem in abused child as well. As a result, the researcher has chosen to study for the factors of academic achievement, family relations, and peer groups with self-esteem of the abused child.



## CHAPTER III

### METHODOLOGY

#### Research Design

This study was descriptive research which examined self-esteem of the abused child and the relationship between academic achievement, family relations, peer groups and self-esteem. The research methodology is described in details below.

#### Population and Sample

##### Population

The population of this study was Prathomsuksa 6 students of a primary school in Muang District, Nonthaburi Province in Academic year 2003 that were physical, emotional, and sexual abuse.

##### Sample

##### 1. The characteristics of the sample

The characteristics of the sample in this research were those Prathomsuksa 6 students who are abused by their family members or other persons, both sever physical, emotional abuse and minor sexual abuse.

##### 2. Sizes of the sample

There is a use of formula to calculate for the size of the sample groups in an analysis for the correlation by Thorndike (Thorndike, 1978 cited in Worapongstorn, 1989) by using 30 samples for 1 independent variable. In this research, there are 3 independent variables, therefore, the number of the samples have to be at least 90.

##### 3. Sample selection

##### 3.1 Multi-Stage sampling

There are 29 schools in Muang District which are under the Department of primary school, Nonthaburi Province. They are divided into 5 groups (Department of primary school, Nonthaburi Province, 2003), as follows:

- Prachasamphan group for 8 schools, they are Wat Bangrahong School, Wat Pracharangsan School, Wat Prasat School, Wat Kaenai School, Thairathwittaya 55 School, Wat Chalermprakit School, Wat Putthiprangpramote School, and Wat Banggrang School.

- Sirisamphan group for 5 schools, they are Wat Kaenok School, Wat Jaengsirisamphan School, Wat Samornkote Community School, Anuratprasit School, and Wat Buakwan School.

- Srimuangsamphan group for 5 schools, they are Wat Chotikaram School, Wat Paknam School, Nonthaburi Kindergarten School, Wat Tuek School, and Kalahomeuthit School.

- Mitrksamphan group for 5 schools, they are Wat Lannaboon School, Wat Thangluangpohthong School, Wat Fang School, Wat Daeng School, and Wat Sai Ma Community School.

- Wittayasamphan group for 6 schools, they are Wat Bankraknoi School, Pahmaiuthit School, Thasaiuppatham School, Wat Tamnaktai School, and Prachauppatham School.

### 3.2 Random sampling the 5 groups with 1 group from each school.

- Prachasamphan group: Thairathwittaya55 School, with 60 students for Prathomsuksa 6 students (2 classrooms).

- Sirisamphan group: Wat Samornkote Community School, with 133 students of Prathomsuksa 6 students (3 classrooms).

- Srimuangsamphan group: Kalahomeuthit School, with 150 students in Prathomsuksa 6 students (4 classrooms).

- Mitrksamphan group: Wat Thangluangpohthong School, with 77 students in Prathomsuksa 6 students (2 classrooms).

- Wittayasamphan group: Prachauppatham School, with 247 students in Prathomsuksa 6 students (6 classrooms).

From sample selection in form of multi-stage sampling at the school in 5 groups, there were a total of 667 students. The researcher distributed the questionnaires to the students for screening the physical, emotional and sexual abuse and the questionnaires for data collection. Afterwards, there was a screen on those who were severe physical, emotional abuse, and those who were minor sexual abuse.

From the selection, it was found that there were the numbers of students as per the set criteria, for those 112 being severe physical, emotional abuse and minor sexual abuse. These 112 respondents became the total samples under this study.

### **Setting**

In Nonthaburi Province, it was located on the bank of Chaopraya River. It is adjacent to Bangkok since it serves as the rim of city expansion for industry and business. In particular, some parts of Nonthaburi, there was an allocation of land for housing projects, for industrial land, and for business areas in a densely manner. There was then migration of people from various regions in Thailand to Nonthaburi. These people worked mostly as laborers who lived around flat or dense community along the canal (Statistics report by Nonthaburi Province, 2002). From the study of Petchsuksiri, it was found that Bangkok and Metropolitan areas had the most violence in the family (1987 cited in Petchsuksiri, 1996). Nonthaburi Province is one of the metropolitan areas of Bangkok; therefore, it should be risks for violence in the family. The researcher randomly sampled students in Prathomsuksa 6 at Thansumrit School, Muang District, Nonthaburi Province, for the year 2003, for the number of 77 respondents. They were requested to fill-in the questionnaire on physical, emotional, and sexual abuse. It was found that there were 67 respondents accounted for 87% who were being physically, emotionally, or sexually abused. Thus, the trend for students in Muang District, Nonthaburi Province, who were risky for being abused, would be high as well. Together with the fact that the researcher worked in Muang District, Nonthaburi Province, therefore, Nonthaburi was selected as the area under study.

### **Instruments**

The instrument for data collection is 2 sets of questionnaire:

**First set: Instruments to screen the physical, emotional, and sexual abuse:** It was divided into 3 parts:

#### **Part 1: Physically abused questionnaire:**

The researcher used the questionnaire of Skulphan (2001). There were 12 items, which covered characteristics and violence level of physical abuse. It was

divided into 2 levels: minor violence level (4 items; 1- 4), severe violence level (8 items; 5 - 12). Violence level was the criteria for sample selection.

- Should one get no physical abuse, the score is 0 (the students are not in the sample).

- Should one get some physical abuse, each item worths 1 score. The higher the score, the more abuse it is for various behaviors.

- Should one get the physical abuse from item 1 - 4, the violence is on minor level (the students are not in the sample).

- Should one get the physical abuse from item 1 - 12 (covering both minor and severe), or item 5 - 12 (severe), the violence is on severe level.

All the children, who have experienced any act as from item 1 to12 or item 5 - 12 were assessed as physically abused children.

### **Part 2: Emotionally abused questionnaire:**

The researcher used the questionnaire of Auewattana (1999) and based on violence level of emotional abuse following Chittinand (1998). There were 12 items, which covered characteristics and violence level of emotional abuse. It was divided into 2 levels: minor violence level (items; 1- 6), severe violence level (6 items; 7-12). Violence level was used as the criteria for sample selection.

- Should one get no emotional abuse, the score is 0 (the students are not in the sample).

- Should one get some emotional abuse, each item worths 1 score. The higher the score, the abuse it is for various behaviors.

- Should one get the emotional mental abuse from item 1- 4, the violence is on minor level (the students are not in the sample).

- Should one get the emotional abuse from item 1-12 (covering both minor and severe), or item 6 -12 (severe), the violence is on severe level.

All the children, who have experienced any act as from item 1 to12 or item 6- 12 were assessed as emotionally abused children.

### **Part 3: Sexually abused questionnaire:**

The researcher used the questionnaire of Skulphan (2001). There were 9 items, which covered characteristics and violence level of sexual abuse. It was divided

into 2 levels: minor violence level (5 items; 1- 5), severe violence level (4 items; 6 - 9). Violence level was used as the criteria for sample selection.

- Should one get no sexual abuse, the score is 0 (the students are not in the sample).

- Should one get some sexual abuse, each item worths 1 score. The higher the score, the abuse it is for various behaviors.

- Should one get the sexual abuse from item 1- 5, the violence is on minor level.

- Should one get the sexual abuse from item 1- 9 (covering both minor and severe), or item 6-12 (severe), the violence is on severe level.

All the children, who have experienced any act as from item 1 to 5 (minor level) were assessed as sexually abused children.

#### **Second set: Instruments for data collection:**

This was a questionnaire on demographic data of the students, academic achievement, family relations, peer groups, and self-esteem, divided into 4 parts as follows:

**Part 1:** Demographic data of the students: gender, age, birth order, numbers of sibling, numbers of close friends or peer groups, family status, academic achievement or grade average, a total of 7 items.

#### **Part 2: Questionnaire on family relations:**

The researcher used the questionnaire of Nithirut (1997). There are 10 items such as together with the talk, helping out, opinion exchange, love and affection, as well as family atmosphere. There are 5 positive characteristics, namely, item number 1, 2, 5, 8, 9 and there are 5 negative characteristics, namely, 3, 4, 6, 7 and 10. The items are in Likert scale for 3 levels, namely true, partly true, and not true.

#### Scoring criteria

##### Positive items

- True for 2 scores
- Partly true for 1 score
- Not true for 0 score

##### Negative items

- True for 0 score
- Partly true for 1 score
- Not true for 2 scores

Total scores of family relations between 0 – 20 mean low level, which equals to bad family relation. The higher the scores, the better the family relations.

**Part 3: Peer groups questionnaire:**

The researcher used the questionnaire on peer groups by Rojanapraphaphun (1998), which has been constructed in the concept of Dusek. There were 5 positive items, composing of awareness on interaction between children; i.e. knowing one another, having joint activities, helping out, and respecting one another. Likert scale of 3 levels was used true, partly true, not true.

**Scoring criteria**

- True for 3 scores
- Partly true for 2 scores
- Not true for 1 score

Total peer group scores between 5 – 15 means low level, which is equal to low acceptance from peer groups. The higher the score, the better the acceptance from the peer group.

**Part 4: Self esteem questionnaire:**

The researcher used the questionnaire by Rojanapraphaphun (1998). There were 7 positive and 25 negative items and 5 lying items. Each positive item was scored in 2 scales: yes = 1, no = 0, while each negative item was scored in 2 scales: yes = 0, no = 1. Respondents could then select only one choice in each item. The scores of self-esteem ranged from 0-32 item (exclusive of 5 lying items), they were internal self (21 items), external self (11 items) and 5 lying items.

1. Internal self items: there were 21 items which required the respondents to evaluate themselves in general issues about themselves; i.e. physical characteristics of self, one's capability, skills, feelings towards one's confidence, decision-making and adjustment. They were the items of 1, 3, 4, 5, 6, 8, 9, 11, 12, 13, 16, 17, 18, 21, 25, 26, 28, 29, 30, 35, and 37.

2. External self items: there were 11 items which required the respondents to evaluate their attitudes and acceptance of others for themselves. They were the items of 7, 15, 19, 20, 23, 24, 27, 31, 33, 34, and 36.

3. Lying scale /items: they were the items which were not in line with the fact. They were the items of 2, 10, 14, 22, and 32, of which the scores will not be counted. If one answered of yes for more than 2 items, they will not be included in this study. The aim was to check on the reliability of the respondents only.

### Scoring criteria

- Positive items with yes answer got 1 score and with no answer got 0 score.
- For negative items with no answer got 1 score and with yes answer got 0 score.

### Score interpretation

For score interpretation, they were divided into 3 levels, by applying with the criteria by Lacharaj (1994) with following scoring levels:

- Score of 26 - 32 (80-100 %) means high level of self-esteem.
- Score of 19 - 25 (60-79 %) means medium level of self-esteem.
- Score of 0 - 18 (0-59 %) means low level of self-esteem.

### Content validity

All four instruments were the tool which was used and passed the check on content validity, thus, this study had used them without further adjustment and further re-check.

### Reliability

The researcher tested the questionnaires on physical, emotional, and sexual abuse, family relations, peer groups, and self-esteem in Prathomsuksa 6 students with similar characteristics to the actual samples. They were 30 students. For the reliability gained on self-esteem items and for 3 aspects of abuse, the scoring was 0 and 1. The reliability value gained via the formula of Kuder-Richardson (Kuder-Richardson cited in Ruecha, 2000).

$$\text{KR-20} \quad r_{tt} = \frac{n}{n-1} \left\{ \frac{1 - \sum pq}{s_t^2} \right\}$$

$r_{tt}$  = reliability co-efficient

$n$  = numbers of item

$p$  = proportion of those with right answers

$q$  = proportion of those with wrong answers

$s_t^2$  = total variables of all scores

For the questionnaire on family relation and peer group, the reliability value is from Cronbach Alpha Coefficient (Cronbach Alpha Coefficient cited in Ruecha, 2000).

$$\alpha = \left\{ \frac{n}{n-1} \frac{1 - \sum s_i^2}{s_t^2} \right\}$$

$\alpha$  = reliability co-efficient

$n$  = numbers of item

$\sum s_i^2$  = total variables of score in each item

$s_t^2$  = total variables of all scores

Reliability value for the questionnaire is as follows:

Physical abuse = 0.74

Emotional abuse = 0.78

Sexual abuse = 0.70

Self-esteem = 0.80

Family relation = 0.71

Peer group = 0.71

### Data Collection

In this research, the steps of data collection were as follows:

1. The researcher submitted the approval letter of the Dean of Graduate School to the 5 sample School's Director. They were Thairathwittaya 55 School, Kalahomeuthit School, Wat Thangluangpohthong School, Wat Samornkote Community School, and Prachaupatham School. The researcher also informed them the details and the objective of this research.

2. After having the approval for data collection from the Directors of each school, the researcher paid a visit to the head teacher of the class. The aim was to collect the data from Prathomsuksa 6 class stated in sample selection part. The period of data collection was from Monday to Friday, from 13.00-13.30 hours on December, in Academic year 2003. Upon data collection, the researcher introduced herself to the

students and informed them the objective of the research. Thereafter, the researcher distributed 2 sets of questionnaire. One was for selection of physical, emotional and sexual abuse questionnaires and the other was for demographic data, family relations, peer groups and self-esteem questionnaires. The researcher first read the question for the respondents to reply until there were 667 respondents turning in their questionnaires.

3. From 667 respondents, 112 samples were selected that had the severe physical and emotional abuse, and minor sexual abuse.

### **Protection of Human Subjects**

In this study, there was the right protection of the samples. The researcher informed the samples of their right to participate in this research. The researcher also explained to the group that their acceptance or non-acceptance in the research participation had no effect on their study score. Though the sample agreed to participate, they could also later on resign from the research at all time with no impact on their study score. All of their information would be kept confidential with no reveal of their names to others as the information would be analyzed as a whole picture. This would be worthy for the development and the adjustment of services on mental health to the students as next.

### **Data Analysis**

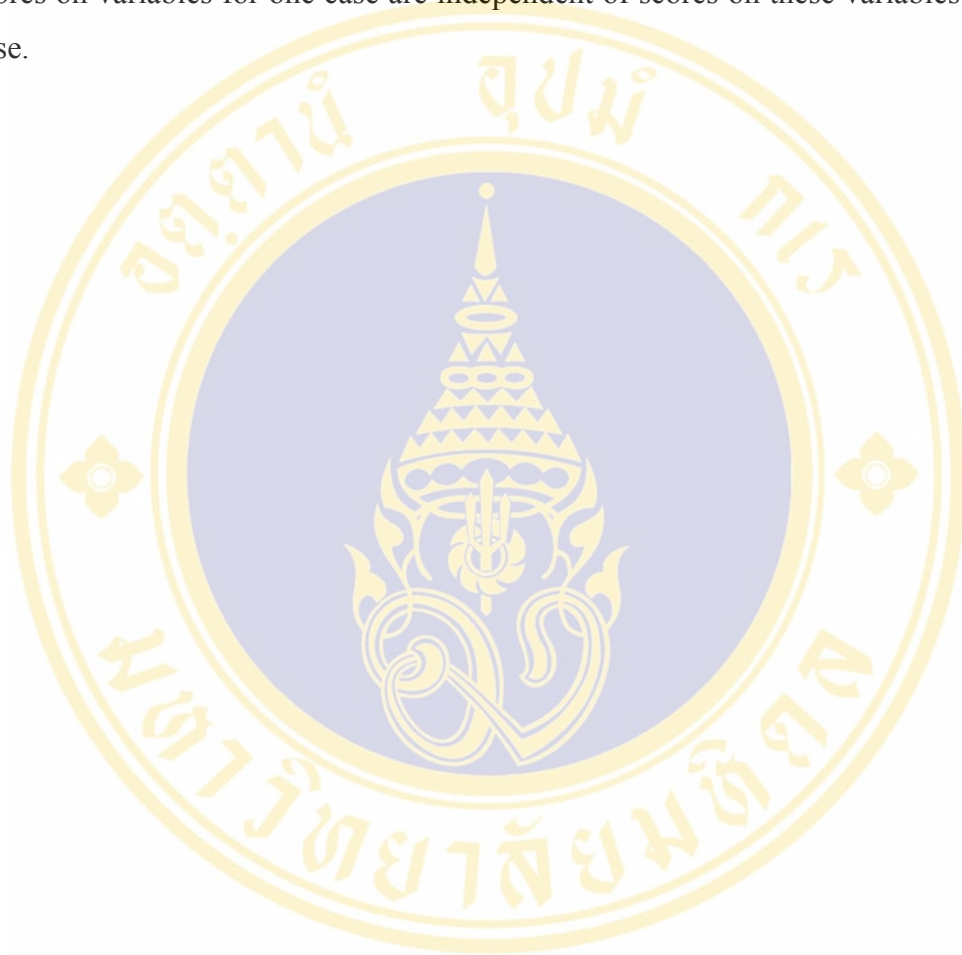
The data is done by the use of Statistical Package for Social Science (SPSS) for window, with following procedures:

1. Frequency distribution and percentage calculation on demographic data.
2. Calculate for mean and standard deviation of academic achievement, family relations, peer groups, and self-esteem.
3. Analysis on the relationship by using Pearson Product Moment Correlation Coefficient to check the relationship between academic achievement, family relations, peer groups, and self-esteem of abused children with statistical significance at the level of 0.05.

4. Tested the two assumptions underlying the significance test the Pearson correlation between two variables and found that;

(1). The variables are bivariately normally distributed.

(2). The cases represent a random sample from the population and the scores on variables for one case are independent of scores on these variables for other case.



## CHAPTER IV

### RESULTS

This study is a descriptive research which aimed to the relationship between academic achievement, family relations, peer groups and self-esteem of the abused child. The samples were 112 Prathomsuksa 6 students in Prachauppatham School, Kalahomeuhtit School, Wat Tangluangpohtong School, Wat Samornkote School, and Thairathwittaya 55 School, who suffered severe physical, emotional abuse and minor sexual abuse of a primary school in Muang District, Nonthaburi Province on December in the Academic year 2003. In this chapter, the results of the this study are presented in tables along with description of information in 4 major part, as follows;

Part 1: Demographic data of abused children.

Part 2: Self-esteem of abused children.

Part 3: Possible range, mean and standard deviation of academic achievement, family relations, peer groups and self-esteem of abused children.

Part 4: The relationship between academic achievement, family relations, peer groups and self-esteem of abused children.

**Part 1: Demographic data of abused children****Table 1** Number and percentage of abused children classified by gender, age, and birth orders (n = 112)

Demographic data	Number	Percent
<b>Gender</b>		
Male	72	64.3
Female	40	35.7
<b>Age (years)</b>		
10	1	0.9
11	33	29.5
12	65	58.0
13	13	11.6
<b>Birth orders</b>		
First child and only child (n = 17)	70	62.5
Middle child (2 - 7)	15	13.4
Last child	27	24.1

Table 1 shows that abused children were mostly male (64.3 %), aged 12 (58 %), and first child and only child of the family (62.5 %).

**Table 2** Number and percentage of abused children classified by number of siblings, number of close friends, family status, and academic achievement score (grade average) (n = 112).

Demographic data	Number	Percent
<b>Number of siblings (persons)</b>		
1 - 2	65	58.0
3 - 4	41	36.6
5 - 7	6	5.4
<b>Number of closed friends (persons)</b>		
None	2	1.8
1 - 5	53	47.3
6 - 10	36	32.1
11 - 15	17	15.2
> 15	4	3.6
<b>Family Status</b>		
Nuclear	46	41.1
Extended	66	58.9
<b>Academic achievement score (Grade average)</b>		
Low (< 2.00)	24	21.4
Medium (2.00 – 2.99)	42	37.5
High (≥3.00)	46	41.1

Table 2 shows that abused children had mostly 1- 2 siblings (58 %), 1-5 closed friends (47.3%), and lived in an extended family (58.9 %). Academic achievement of abused children had mostly high score (equal or more than 3.00) (41.1 %), 37.5 % had medium score (2.00 – 2.99), and only 21.4 % of them had low score (less than 2.00).

**Part 2 Self-esteem of abused children****Table 3** Number and percentage of abused children categorized by level of self-esteem (n =112).

Level of self-esteem	Number	Percent
High	10	8.9
Medium	42	37.5
Low	60	53.6

Table 3 shows that self-esteem of abused children was on a low level (53.6 %), 37.5 % on a medium level and only 8.9 % on a high level.

**Part 3:** Possible range, mean and standard deviation of academic achievement, family relations, peer groups and self-esteem of abused children.

**Table 4** Possible range, mean and standard deviation of academic achievement, family relations, peer groups and self-esteem score (n=112)

Variables	Possible Range	Actual Range	Mean	Standard Deviation
Academic achievement	0 – 4	1 – 4	2.64	0.77
Family relations	0 – 20	5 – 20	14.85	3.16
Peer groups	5 – 15	5 – 15	11.21	1.79
Self-esteem	0 -32	6 – 29	18.46	5.12

Table 4 shows that academic achievement mean score of abused children was 2.64 (SD = 0.77), family relation was 14.85 (SD = 3.16), peer group was 11.21 (SD = 1.79) and self-esteem was 18.46 (SD = 5.12).

**Part 4:** The relationship between academic achievement, family relations, peer groups, and self-esteem of abused children.

**Table 5** Correlation coefficients between academic achievement, family relations, peer groups, and self-esteem of abused children (n = 112).

Variables	Self-esteem (r)
1. Academic achievement	.170*
2. Family relations	.307*
3. Peer groups	.249*

\*p < .05

Table 5 shows that academic achievement, family relations, and peer groups were positively correlated to self-esteem of abused children (p < .05).

## CHAPTER V

### DISCUSSION

This study is descriptive research which aimed to the relationship between academic achievement, family relations, peer groups and self-esteem of the abused child. The samples were 112 Prathomsuksa 6 students in Prachauppatham School, Kalahomeuhtit School, Wat Tangluangpohtong School, Wat Samornkote School, and Thairathwittaya 55 School, who suffered severe physical, emotional abuse and minor sexual abuse of a primary school in Muang District, Nonthaburi Province on December, the Academic year 2003. The results are discussed according to the objectives of the study, as detailed below.

#### 1. Self-esteem of the abused child

From the research result, it has been found that abused children had low mean score on self-esteem ( $\bar{X} = 18.46$ ,  $SD = 5.12$ : Table 4). This shows that an abuse is one external factor of the students affecting self-esteem. An abuse negative impact on the development of self-esteem of children (McCann & Pearman, 1990), not only is an abuse impacts negatively on the development of self-esteem of children, but it also inhibits the development of healthy self-esteem and creates negative for long-term and life time (Mruk, 1999). Self-esteem refers to an evaluation or decision of worthiness. It expresses the scope of belief which one has towards one's own capability, importance, success, and self-value which have been accumulated from past up to present experiences (Coopersmith, 1967). These experiences are relevant with internal and external factors (Coopersmith, 1981). From this study, it has found that mostly, the students feel about their own capability on a low level. They said that in their classroom, they have no good ideas (72.3%). More than half of the students said so or equals to 57.1% said that they are not good looking comparing to others. This is a characteristic of the internal factors. For external factors, majority of the students feel that they are less appreciated by others (68.8%) (Table 8: Appendix C).

This finding is consistent with the result of a study conducted by Kongkaew (2001), which found that the physical and emotional abuse were negatively related to self-esteem. It also agrees with a study conducted by Mullen, et al (1996) which found that a history of any form of abuse was associated with increased rates of psychopathology and decreased self-esteem.

## **2. The relationship between academic achievement, family relations, peer groups and self-esteem of the abused child.**

**Hypothesis 1:** Academic achievement is positively correlated to self-esteem of the abused child

The results show that mean score of academic achievement is in the medium level ( $\bar{X} = 2.64$ ). Academic achievement is positively correlated to self-esteem of abused children ( $r = .17, p < .05$ ; Table 5). Therefore, hypothesis 1 is accepted. This means that abused child with high academic achievement scores will also have their high self-esteem. For those with low academic achievement will also have their low self-esteem.

Self-esteem is a sense of competence (Mruk, 1999) which leads to increase in one's self-esteem (Epstein, 1979). In contrast, failure causes negative self-esteem, especially children in school age, when level of intelligence also plays an important role in the school achievement. Academic achievement has a direct impact on a sense of competence (Pope, et al 1988).

This study is similar to the one in general students by Chaiyakit (1993) studied on the variables relevant with self-esteem in Mathayomsuksa 3 students at Narathiwat Province has found that academic achievement has positive relation with self-esteem of the students ( $r = .13, p < .01$ ).

**Hypothesis 2:** Family relations is positively correlated to self-esteem of the abused child.

The results show that mean score of family relations is on medium level ( $\bar{X} = 14.85$ ), family relations is then positively correlated to self-esteem of the abused children. ( $r = .307, p < .05$ ; Table 5). Therefore, hypothesis 2 is accepted. Abused child with high family relations score, their self-esteem will also be heightened. On the

other hand, for those with low family relations score, their self-esteem will also be lowered.

Self-esteem is a sense of worthiness (Mruk, 1999). A family relation is very influential to a person as it is considered a strong support for sense of worthiness which leads to increase in one's self-esteem (Coopersmith, 1981). In contrast the lack of care or being hurt by parents can ruin their self-esteem (Harter, 1993). Family care and acceptance, giving importance and support to their children, shall serve as self-esteem foundation which is developed from love (Coopersmith, 1981). Considering the answer of the students, 70.5 % said that they felt warm when being home, 65.2 % said their family members care one another and a part of the abuse is done by someone outside their family (Table 7: Appendix C). As a result, the abused child with good family relation with love, help, friendliness, and good family relation with dispute, hurt, living separately and not interested in one another, one's self-esteem will be lowered.

This study is similar to the study in general students by Rojjanaphaphun (1998) studied on relationship between family relations, child rearing pattern and self-esteem of early adolescents in the secondary schools under the Department of general education's Aranyaprathet District, Sakaeo Province. It has found that family relations has a positive relation with self-esteem in early adolescents with statistical significance ( $r = .2288$ ,  $p - \text{value} = .001$ ). A study by Chaiyakit (1993) studied on the variables relevant with self-esteem in Mathayomsuksa 3 students at Narathiwat Province has found that family relations has positive relation to self-esteem of the students ( $r = .13$ ,  $p < .01$ ).

Tayansin (1998) studied on the influence of family on the self-esteem during early teenager has found that the relation with parents, closeness to the family, and the characteristics of bringing-up have positive influence on self-esteem with statistical significance.

**Hypothesis 3:** Peer groups is positively correlated to self-esteem of the abused child.

The results show that mean score of peer group is on medium level ( $\bar{X} = 11.21$ ). Peer groups is positively correlated to self-esteem of the abused children.

Therefore, hypothesis 3 is accepted. This means that abused child with high peer groups score will have their high self-esteem.

Self-esteem is a sense of worthiness (Mruk, 1999), experiences of acceptance and rejection from friends or from the loved will have an impact on one's self worth which leads to increase in one's self-esteem (Epstein, 1979; Pope, 1988). Adolescents who are accepted and admired by their peer feel that they are important worth and their self-esteem is heightened. On the other hand, if they are blamed or looked down upon, their self-esteem are lowered (McNiel, 1975).

This study is similar to the study in general students by Rojjanaphaphun (1998). It has found that acceptance by peer has a positive relation with self-esteem of early teenagers with statistical significance ( $r = .1216$ ,  $p - \text{value} = .046$ ).

It can be summarized that 3 factors of academic achievement, family relations, and peer groups have positive correlation with self-esteem of the abused child with statistical significance. This is in line with the hypothesis. The factor with the highest relation to self-esteem is family relations, followed with peer groups. Academic achievement is on the least correlation with self-esteem ( $r = .307$ ,  $.249$  and  $.170$  respectively,  $p < .05$ ).

## CHAPTER VI

### CONCLUSION

#### Summary of the Study

This study is descriptive research which aimed to the relationship between academic achievement, family relations, peer groups and self-esteem of the abused child. The samples were Prathomsuksa 6 students of a primary school in Muang District, Nonthaburi Province in the Academic year 2003. Multi-stage sampling was used with a gain of 667 students from Prachauppatham School, Kalahomeuthit School, Wat Thangluangpohthong School, Thairathwittaya 55 School, and Wat Samornkote School. The screenings for the samples were those abuse students (physically, emotionally, and sexually). The violence level was on severe physical, emotional abuse, and minor sexual abuse. The actual samples were 112 students. There were 2 sets of questionnaire in use. The first set was used to screen the 3 types of abuse, while the second set was used for data collection on demographic data, academic achievement, family relations, peer groups, and self-esteem. Reliability test of the questionnaire on 3 aspects of abuse, family relations, peer groups, and self-esteem were .74, .78, .70, .71, .71, and .80 respectively. Data collection was on December 2003 and data analysis was done by frequency distribution, percentage,  $\bar{X}$ , SD, and Pearson Product Moment Correlation Coefficient.

#### Findings

Abused children were mostly male (64.3 %) (female 35.7 %), aged 12 (58 %), first child and only child of the family (62.5 %), 1- 2 siblings (58 %), 1-5 close friends (47.3 %) and live in an extended family (58.9 %). Academic achievement of abused children had mostly high score (equal or more than 3.00) for 41.1 %, 37.5 % had medium score (2.00 – 2.99), and only 21.4 % of them had low score (less than 2.00).

Abused children had low mean score on self-esteem ( $\bar{X} = 18.46$ ,  $SD = 5.12$ ).

Academic achievement, family relations, and peer groups were positively correlated to self-esteem of the abused child ( $p < .05$ ).

## **Implications and Recommendations**

### **Implications for nursing practice**

The research result has found that abused children with low mean score on self-esteem, academic achievement, family relations, and peer groups, have a positive correlation to self-esteem of the abused child with statistical significance. Therefore, psychiatric nurses should collaborate with the schools and students' families in order to support academic achievement, good relationship with family members, peer groups, and also increase self-esteem of abused students as follows:

1. Collaborate with guidance teachers and head teacher of the classroom in order to emphasize the screen of the risky group with prompt care and assistance once found abused children via setting up of counseling session for children with problems.
2. Collaborate with head teacher of the classroom by observing and paying attention to the abused child as a special case. For instance, a set-up of special tutoring hours, creating classroom surroundings, promoting learning skills, in order to boost up academic achievement.
3. Collaborate with guidance teachers and head teacher of the classroom by setting-up an appointment with parents of the abused child in order to promote the relationship and family atmosphere, as well as activities set-up in schools for their joint activities.
4. Collaborate with head teacher of the classroom in order to promote skills in having interaction with peer groups such as self-help group.

### **Recommendations for nursing research**

1. From the research result, it has found that abuse children have high self-esteem (8.9%) and medium self-esteem (37.5%). There should then a study on other factors having correlation to self-esteem in abused child; i.e. self-value or social status.
2. From the research result, it has found that abuser in terms of physical, emotional, and sexual, will be persons outside family for 75.8%, 72.3%, and 94.6% respectively (Table 7: Appendix C). Therefore, there should be a study on the cause which the child abuse from persons outside their family.

## BIBLIOGRAPHY

- Aguilera, D. C. (1994). *Crisis Intervention: Theory and Methodology*. (7<sup>th</sup> Ed.). St. Louis: Mosby.
- Battle, J. (1982). *Enhancing self-esteem and achievement: A handbook for professionals*. Seattle: Special Child.
- Baumeister, R. (Ed). (1993). *Self- esteem: The puzzle of low self- regard*. New York: Plenum.
- Bednar, R., Wells, G., & Peterson, S. (1989). *Self- esteem: Paradoxes and innovations in clinical theory and practice*. Washington, DC: American psychological Association.
- Blaine, B., & Crocker, J. (1993). Self- esteem and self- serving biases in reactions to positive and negative events: An integrative view: In R. Baumeister (Ed.), *Self-esteem: The puzzle of low self- regard* (pp. 59-85). New York: Plenum.
- Block, J., & Thomas, H. (1955). Is satisfaction with self a measure of adjustment? *Journal of Abnormal and Social Psychology*, 51, 257-261.
- Branden, N. (1969). *The psychology of self- esteem*. New York: Bantam.
- Campbell, J., & Lavalley, L. (1993). Who am I? The role of self-concept and confusion in understanding the behavior of people with low self- esteem. In R. Baumeister (Ed.), *Self- esteem: The puzzle of low self- regard* (pp.4- 20). New York: Plenum.
- Cole, C., Oetting, E., & Hinkle, J. (1967). Non- linearity of self-concept discrepancy- the value dimension. *Psychological Reports*, 21, 56- 60.
- Conway, E.E. (1998). Nonaccidental head injury in infants: The shaken baby syndrome revisited. *Pediatric Annals*, 27(10), 667-690.
- Coopersmith, S. (1959). A method for determining types of self-esteem. *Journal of Abnormal Social Psychology*, 59, 87-94.
- \_\_\_\_\_. (1967). *The antecedents of self- esteem*. San Francisco: Freeman.

- \_\_\_\_\_. (1975). *Adult from SEI Coopersmith Inventory*. Palo Alto, CA: Consulting Psychologists Press.
- \_\_\_\_\_. (1981). *Self-esteem inventories*. Palo Alto, CA: Consulting Psychologists Press.
- Dallam, S. J. (2001). The long-term medical consequences of childhood maltreatment. In K. Franey, R. Geffner, & R. Falconer (Eds.), *The cost of child maltreatment: Who pays? We all do*. San Diego, CA: Family Violence & Sexual Assault Institute.
- Epstein, S. (1979). The ecological study of emotions in humans. In K. Blankstein (Ed.), *Advances in the study of communications and affect* (pp 47-83). New York: Plenum.
- \_\_\_\_\_. (1980). The self- concept: A review and the proposal of an integrated theory of personality. In E. Straub (Ed.), *Personality: Basic aspects and current research* (pp.83- 131). Englewood Cliffs, NJ: Prentice Hall.
- Felitti, V. J., Anda, R. F., Nordenberg, D., Williamson, D. F (1998). Relationship of childhood abuse and household dysfunction to many of the leading causes of death in adults: The adverse childhood experiences (ACE) study. *American Journal of Preventive Medicine* 14(4), 245-258.
- Finkelhor, D., & Browne, A. (1985). The traumatic impact of child sexual abuse: A conceptualization. *American Journal of Orthopsychiatry*, 55,530-541.
- Frey, D., & Carlock, C. J. (1989). *Enhancing self- esteem*. (2<sup>nd</sup> ed.). Muncie, IN: Accelerated Development.
- Gammon, J. (1991). Coping with cancer. The role of self-care. *Nursing Practice* 4,(1), 11-15.
- Gurney P. W. (1988). *Self-esteem in children with special education needs*. London: Routlidge.
- Hillis, S. D., Anda, R. F., Felitti, V. J., Nordenberg, D., & Marchbanks, P. A. (2000). Adverse childhood experiences and sexually transmitted disease in men and woman: A retrospective study. *Pediatrics*, 105(1).
- Kelley, B. T., Thornberry, T. P., & Smith, C. A. (1997). *In the wake of childhood maltreatment*. Washington, DC: National Institute of Justice.

- Kernis, M. (1995). The role of stability and level of self-esteem in psychological functioning. In R. Baumeister (Ed.), *Self-esteem: The puzzle of low self-regard* (pp.167-182). New York: Plenum.
- Kongkaew, D. (2001). *Child abuse and effects of abuse on physical, psychological, and social well-being among Primary school children, 1-4 Grade in Bangkok Metropolis*. (M.Sc. Thesis in Public Health Nursing): Faculty of Graduate Studies, Mahidol University.
- Maslow, A.M. (1970). *Motivation and personality*. (2<sup>nd</sup>ed). New York: Haper & Row.
- McCann, I., & Pearlman, L. (1990). *Psychological Trauma and the adult survivor: Theory, therapy, and transformation*. New York: Brunner/ Mazel.
- McNiel, E. B. (1975). *The Psychology of Being Human*. (2<sup>nd</sup> ed) New York: Harper & Row.
- Morrison, J. A., Frank, S. J., Holland, C. C., & Kates, W. R. (1999). Emotional development and disorders in young children in the welfare system. In J. A. Silver, B. J. Amster, & T. Haecker (Eds.), *Young children and foster care: A guide for professionals* (pp.33-64). Baltimore, MD: Paul H. Brookes.
- Mruk, C.J. (1999). *Self-esteem: Research theory and practice*. (2<sup>nd</sup> ed). New York: Springer.
- Mueller, E. and Silverman, N. (1989). Peer relations in maltreated children. In D. Cicchetti and V. Carlson (Eds). *Child Maltreatment: Theory and Research on the Causes and Consequences of Child Abuse and Neglect*. Cambridge University Press.
- Mullen, P.E., Martin, J.L., Anderson, J.C., Romans, S.E., & Herbison, G.P. (1996). The long term impact of the physical, emotional and sexual abuse of children: a community study. *Child Abuse and Neglect* Jan, 20(1), 7-21.
- National Clearinghouse on Child Abuse and Neglect Information (2004). *Long-term consequence of child abuse and neglect*. Retrieved March, 7, 2004, from [http://nccanch.acf.hhs.gov/pubs/factsheets/long\\_term\\_consequence.cfm](http://nccanch.acf.hhs.gov/pubs/factsheets/long_term_consequence.cfm).
- National Clearinghouse on Child Abuse and Neglect Information (2004). *Child maltreatment 2002: Summary of key findings*. Retrieved April, 14, 2004, from <http://nccanch.acf.hhs.gov/pubs/factsheets/constats.cfm>.

- National Clearinghouse on Child Abuse and Neglect Information (2004). What is Child abuse and Neglect ?. Retrieved September, 15, 2004, from <http://nccanch.acf.hhs.gov/pubs/factsheets/whatiscan.cfm>.
- National Institute on drug Abuse. (1998). Exploring the role of child abuse on later drug abuse. *NIDA oted*, 13(2). Retrieved December 20, from 2003.[www.nida.nih.gov/NIDA\\_Notes/NNVol13N2/exploring.htm](http://www.nida.nih.gov/NIDA_Notes/NNVol13N2/exploring.htm).
- Newman, B., & Newman, P. (1987). *Development through life: A psychosocial approach* .(4<sup>th</sup> ed.). Chicago: Dorsey Press.
- Oates, R., Forrest, D. and Peacock, A (1985). Self-esteem of abused children, *Child Abuse and Neglect*, 9,159-63.
- Pervin, L. A. (1980). *Personalit : Theory, assessment and research*. New York: Wiley & Sons.
- Pliney JS, Cantu CL, Kurtz DA. (1997). Ethnic and American indentity as predictors of self-esteem among African, American, Latino, and White adolescents, *J Youth Adolescent*, 26(2) 165-85.
- Perry, B. D. (2001). The neurodevelopment impact of violence in childhood. In D. Schetky & E. Benedek (Eds.), *Textbook of child Psychiatric Press*. Retrieved February 20, 2004 from [http://WWW.CHILDTRAUMA.ORG/CTAMATERIALS/Vio\\_child.asp](http://WWW.CHILDTRAUMA.ORG/CTAMATERIALS/Vio_child.asp).
- Perry, B. D. (2002). Childhood experience and the expression of genetic potential: What childhood neglect tells us about nature and nurture? *Brain and Mind*, 3,79- 100.
- Plummer, D. L. (1985). *Help seeking as a function of perceived inadequacy level and self- esteem*. Unpublished doctoral dissertation, University of Georgia, Athens.
- Pope, A. W., McHale, S. M., & Craighead, W. E. (1988). *Self- esteem enhancement with children and adolescents*. USA: Pergamon Press.
- Prevent Child Abuse America. (2001). *Total estimated cost of child abuse and neglect in the United States*. Retrieved July 15, 2003 from [www.preventchildabuse.org/learn\\_more/research\\_docs/cost\\_analysis.pdf](http://www.preventchildabuse.org/learn_more/research_docs/cost_analysis.pdf).

- Prevent Child Abuse New York. (2001). Causes and consequences: The urgent need to prevent child abuse. Retrieved July 15, 2003 from [www.pca-ny.org/causes.pdf](http://www.pca-ny.org/causes.pdf).
- Roberson, J.F. and Simon, R.L. (1984). The influences of chronic illness and ego development of self-esteem in diabetic and psychiatric adolescent patient. *Journal of Youth and Adolescence*, 13, 485-507.
- Roger, C. R. (1961). *On becoming a person*; Boston : Hough Mifflin.
- Rosenberg, M. (1965). *Society and the adolescent self- image*. Princeton, NJ: Princeton University Press.
- Satir, V. (1967). *Conjoint family therapy*. Palo Alto: Science and Behavior.
- Schutz, W. C. (1967). *Joy*. New York: Grove.
- Shore, R (1997). *Rethinking the brain*. New York: Families and Work Institute.
- Sigelman, C.S.,& Shaffer, D. R. (1995). *Life-span human development* (2<sup>nd</sup> ed). Belmont, CA: Brooks/ Cole.
- Silverman, A. B., Reinherz, H. Z., Giaconia, R.M.T(1996). The long- term sequel of child and adolescent abuse: A longitudinal community study. *Child Abuse and Neglect*, 20(8), 709-723.
- Skager, R., & Kerst, E. (1989). Alcohol and drug use and self- esteem: A psychological perspective. In A. M. Mecca, N. J. Smelser, & J. Vasconcellos (Eds.), *The social importance of self- esteem* (pp.248-293). Berkeley: University of California Press.
- Skulphan, S. (2001). *Mental health status of physically and/or sexually abused senior primary school students: BangkokNoi District, Bangkok Metropolitan*. (M.Sc. Thesis in Psychiatric- Mental Health Nursing ): Faculty of Graduate Studies, Mahidol University.
- Straus, M.A., Gelles, R.J. & Steinmetz, S.K. (1980). *Behide Closed Door: Violence in the American Family*. New York: Anchor Press.
- Taft, L.R. (1980). Self-esteem in later life: A nursing perspective. *Advance in Nursing Scien* ,8, 77-84.

- Tebbutt J, Swanston H, Oates RK and O'Toole BL\_(1997). Five years after child sexual abuse : persisting dysfunction and problems of prediction. *J Am Acad Child Psy*, 36(3), 330-39.
- Teicher, M. D. (2000). Wounds that won't heal: The neurobiology of child abuse. *Cerebrum: The Dana Forum on brain science*, 2(4), 50-67.
- Thompson, C.L., & Rudolph, L.B. (2000). *Counseling children*. (6<sup>th</sup> ed). USA: Brooks & Cole.
- Tice, D. (1993). The social motivations of people with low self- esteem. In R. Baumeister (Ed.), *Self- esteem: The puzzle of low self- regard* (pp.37- 54). New York: Plenum.
- Thompson, C.L., & Rudolph, L.B. (2000). *Counseling children*. (6<sup>th</sup> ed). USA: Brooks & Cole.
- U.S.Department of Health and Human Services. (2003). *National Survey of Child and Adolescent Well- Being: Baseline report for one- year- in foster- care sample*. Retrieved January 15, 2004 from [www.acf.hhs.gov/programs/core/core/ongoing\\_research/afc/execsum\\_nscaw/exsum\\_nscaw.htm](http://www.acf.hhs.gov/programs/core/core/ongoing_research/afc/execsum_nscaw/exsum_nscaw.htm).
- Weissman, H., & Ritter, K. (1970). Openness to experience, ego strength and self- description as a function of repression and sensitization. *Psychological Reports*, 26,859- 864.
- Wells, E. L., & Marwell, G. (1976). *Self- esteem: Its conceptualization and measurement*. Beverly Hills, CA: Sage.
- Widom, C. S. & Maxfield, M. G. (2001). *An update on the 'cycle of violence'*. Washington, DC: National Institute of Justice.
- World Health Organization. (1999). *Report of the Consultation on Child Abuse Prevention*. 29-31 March 1999, Geneva: Switzerland.

- จรินทร์ ธานีรัตน์. (2518). (Taneerat, J., 1975). การทดสอบและการวัดผลทางการศึกษา. กรุงเทพฯ: โอเคียนสโตร์.
- ธวัชชัย วรพงศธร. (2532). (Worapongstorn, T., 1989). ข้อพิจารณาการใช้สถิติการถดถอยพหุสำหรับงานวิจัย. วารสารวิจัยวิทยาศาสตร์การแพทย์, 3(1), 55-56.
- นุชลดา โรจนประภาพรรณ. (2541). (Rojanapraphaphun, N., 1998). ความสัมพันธ์ระหว่างสัมพันธภาพในครอบครัว การอบรมเลี้ยงดูของมารดา กับความรู้สึกรู้สึกมีคุณค่าในตนเองของวัยรุ่นตอนต้น ศึกษาในโรงเรียนมัธยมศึกษา สังกัดกรมสามัญศึกษา อำเภออรัญประเทศ จังหวัดสระแก้ว. วิทยานิพนธ์ ปริญญาวิทยาศาสตรมหาบัณฑิต, สาขาวิชาเอกอนามัยครอบครัว บัณฑิตวิทยาลัย มหาวิทยาลัยมหิดล .
- พรเพ็ญ เพชรสุขศิริ. (2539). (Petchsuksiri, P., 1996). การศึกษาปัจจัยที่มีผลกระทบต่อความรุนแรงในครอบครัวและความก้าวร้าวของเยาวชนไทย. รายงานการวิจัย. กรุงเทพฯ: เอส แอนด์ จี กราฟฟิค.
- พรรณณี เอื้อวัฒนา. (2542). (Auewattana, P., 1999). การถูกกระทำรุนแรงทางด้านร่างกายและจิตใจของเด็กโดยบิดามารดา ศึกษาในนักเรียนชั้นประถมศึกษาปีที่ 6 โรงเรียนในสังกัดสำนักงานการประถมศึกษา อำเภอเมือง จังหวัดอำนาจเจริญ. วิทยานิพนธ์ ปริญญาวิทยาศาสตรมหาบัณฑิต, สาขาวิชาเอกอนามัยครอบครัว บัณฑิตวิทยาลัย มหาวิทยาลัยมหิดล .
- พรฤดี นิธิรัตน์. (2540). (Nithirut, P., 1997). ปัจจัยที่สัมพันธ์กับการถูกกระทำทารุณกรรมของเด็กในครอบครัว: ศึกษาในนักเรียนชั้นประถมศึกษาปีที่ 6 ของโรงเรียนในสังกัดกรุงเทพมหานคร. วิทยานิพนธ์ ปริญญาวิทยาศาสตรมหาบัณฑิต, สาขาวิชาเอกอนามัยครอบครัว บัณฑิตวิทยาลัย มหาวิทยาลัยมหิดล .

- ยูวดี ฤชา. (2543). (Ruecha, Y., 2000). *วิจัยทางการพยาบาล. พิมพ์ครั้งที่7. กรุงเทพฯ: สยามศิลป์การพิมพ์ จำกัด.*
- รายงานสถิติจังหวัดนนทบุรี.(2545). (Statistic report by Nonthaburi Province, 2002). (เอกสารอัดสำเนา). ม.ป.ท.
- วิชา มหาคุณ และ วัชรินทร์ปัจเจกวิญญูสกุล. (2533). (Mahakhun, V. and Patjekvinyooskul, V., 1990). *ผลกระทบของเด็กถูกรุ้ทำทารุณกรรม: มาตรการป้องกันแก้ไขศึกษา เฉพาะกรณีเด็กและเยาวชนที่เคยต้องคดี. กรุงเทพฯ : สมาคมสวัสดิการเด็กในประเทศไทย.*
- วิมลมาศ สมใจ. (2542). (Somjai, W., 1999). *การรับรู้บทบาททางด้านการส่งเสริมสุขภาพของ นักศึกษาพยาบาลศาสตร์ชั้นปีที่4.วิทยาลัยพยาบาลบรมราชชนนีในเขตภาคเหนือ. วิทยานิพนธ์ ปริญญาวิทยาศาสตรมหาบัณฑิต, สาขาวิชาเอกอนามัยครอบครัว บัณฑิต วิทยาลัย มหาวิทยาลัยมหิดล.*
- สถิติการกระทำรุนแรงต่อเด็ก. (2002, November 26). Siamrath News, p 3.
- สมพิศ ไชยกิจ. (2536). (Chaiyakit, S., 1993). *ตัวแปรที่เกี่ยวข้องกับความภาคภูมิใจในตนเอง ของนักเรียนชั้นมัธยมศึกษาปีที่ 3 โรงเรียนมัธยมศึกษา สังกัดกรมสามัญศึกษา จังหวัด นครราชสีมา. วิทยานิพนธ์ปริญญาการศึกษามหาบัณฑิต จิตวิทยาการแนะแนว มหาวิทยาลัย ศรีนครินทรวิโรฒ.*

สาวิตรี ทยานศิลป์. (2541). (Tayansin, S.,1998). *อิทธิพลของครอบครัวต่อความภาคภูมิใจในตนเองของวัยรุ่น*. วิทยานิพนธ์ ปริญญาวิทยาศาสตรมหาบัณฑิต, สาขาวิชาวิจัยประชากรและสังคม. บัณฑิตวิทยาลัย มหาวิทยาลัยมหิดล .

สำหรับ จิตตินันท์, คุณหญิง. (2537). (Chittinand, S., 1994). *เด็กที่ถูกทารุณกรรมหรือทอดทิ้ง*. เอกสารประกอบการประชุมวิชาการเรื่อง เด็กถูกทารุณกรรมกับปัญหาสุขภาพกายและจิตสังคม จัดโดยสมาคมศิษย์เก่าพยาบาลสภาวิชาชีพแห่งประเทศไทยร่วมกับวิทยาลัยพยาบาลสภาวิชาชีพไทย ณ. หอประชุมตึกศกรินทร์ภักดี วิทยาลัยพยาบาลสภาวิชาชีพไทย 4-5 สิงหาคม 2537. (เอกสารอัดสำเนา).

\_\_\_\_\_ . (2541). (Chittinand, S.,1998). *รายงานการสัมมนาเรื่องการยุติความรุนแรงในครอบครัว* ณ. โรงแรมโรยัลริเวอร์ กรุงเทพฯ, 27-28 กรกฎาคม 2541: ม.ป.ท.

สำนักงานการประถมศึกษาจังหวัดนนทบุรี. (2545). (Department of Primary School, Nonthaburi Province, 2002). *จำนวนนักเรียนและห้องเรียน*. (เอกสารอัดสำเนา). ม.ป.ท.

เสรี ลาชาโรจน์. (2537). (Lacharoj, S.,1994). *หลักเกณฑ์และวิธีการวัดและประเมินผลการศึกษาในโรงเรียน*. ในเอกสารการสอนชุดวิชา การบริหารจัดการ, หน่วยที่ 3, นนทบุรี: สำนักพิมพ์มหาวิทยาลัยสุโขทัยธรรมมาธิราช.

อัชฌา ลิมปี่ไพฑูรย์. (2522). (Limpaitoon, A., 1979). *ลักษณะกลุ่มเพื่อนของเด็กและเยาวชน* กระทำผิดในสถานฝึกและอบรม ศึกษาเฉพาะกรณีสถานฝึกและอบรมเด็กและเยาวชน

ชาย (บ้านกรุณา). วิทยานิพนธ์ปริญญาครุศาสตรมหาบัณฑิต, บัณฑิตวิทยาลัย จุฬาลงกรณ์มหาวิทยาลัย.





## APPENDIX A

### INFORMED CONSENT

#### คำชี้แจงและการพิทักษ์สิทธิกลุ่มตัวอย่าง

ดิฉัน นางสาวนุชนภา วงศาสนธิ์ เป็นนักศึกษาปริญญาโท สาขาสุขภาพจิตและการพยาบาลจิตเวชศาสตร์ คณะพยาบาลศาสตร์ มหาวิทยาลัยมหิดล กำลังศึกษาวิจัยเรื่อง ความสัมพันธ์ระหว่างผลสัมฤทธิ์ทางการเรียน สัมพันธภาพในครอบครัว และกลุ่มเพื่อน กับ ความรู้สึกมีคุณค่าในตนเองของเด็กที่ถูกกระทำรุนแรง เพื่อเป็นแนวทางในการส่งเสริมความรู้สึกมีคุณค่าในตนเองของเด็กที่ถูกกระทำรุนแรง ในการศึกษาครั้งนี้มีการพิทักษ์สิทธิกลุ่มตัวอย่าง การตอบรับหรือปฏิเสธเข้าร่วมวิจัยครั้งนี้จะไม่มีผลต่อผลการเรียนของนักเรียน แม้ว่านักเรียนตัดสินใจเข้าร่วมการวิจัยแล้ว ยังมีสิทธิ์ที่จะยกเลิกการเข้าร่วมการวิจัยนี้ได้ตลอดเวลา โดยไม่มีผลกระทบใดๆต่อผลการเรียน ข้อมูลทุกอย่างของนักเรียน จะถือเป็นความลับไม่มีการเปิดเผยชื่อให้ผู้อื่นทราบ แต่จะนำไปวิเคราะห์ข้อมูลในภาพรวม ซึ่งจะมีคุณค่าต่อการพัฒนาและปรับปรุงการให้บริการทางสุขภาพจิตแก่นักเรียนต่อไป

ดิฉันจึงขอขอบคุณเป็นอย่างยิ่งในความร่วมมือของท่านมา ณ โอกาสนี้

นางสาว นุชนภา วงศาสนธิ์

ผู้วิจัย

นักเรียนยินดีตอบแบบสอบถามและเข้าใจในวัตถุประสงค์ของการศึกษา

(ลงชื่อ) .....

ผู้เข้าร่วมวิจัย

## APPENDIX B

### INSTRUMENTS

เครื่องมือในการวิจัย  
ความสัมพันธ์ระหว่าง ผลสัมฤทธิ์ทางการเรียน สัมพันธภาพในครอบครัว และ กลุ่มเพื่อน  
กับความรู้สึกมีคุณค่าในตนเอง ของเด็กที่ถูกกระทำรุนแรง

โรงเรียน \_\_\_\_\_

ชั้นประถมศึกษาปีที่ 6 /  เลขที่

**คำชี้แจง** เครื่องมือที่ใช้ในการวิจัยครั้งนี้ เป็นแบบสอบถาม แบ่งออกเป็น 2 ชุด คือ

**ชุดที่ 1** เครื่องมือคัดกรองการถูกรังแรง แบ่งเป็น 3 ส่วน

- ส่วนที่ 1 แบบสอบถามการถูกรังแรงทางด้านร่างกาย จำนวน 12 ข้อ
- ส่วนที่ 2 แบบสอบถามการถูกรังแรงทางด้านจิตใจ จำนวน 12 ข้อ
- ส่วนที่ 3 แบบสอบถามการถูกรังแรงทางเพศ จำนวน 9 ข้อ

**ชุดที่ 2** เครื่องมือในการรวบรวมข้อมูล แบ่งเป็น 4 ส่วน

- ส่วนที่ 1 แบบสอบถามข้อมูลส่วนบุคคล จำนวน 7 ข้อ
- ส่วนที่ 2 แบบสอบถามสัมพันธภาพในครอบครัว จำนวน 10 ข้อ
- ส่วนที่ 3 แบบสอบถามเกี่ยวกับกลุ่มเพื่อน จำนวน 5 ข้อ
- ส่วนที่ 4 แบบสอบถามความรู้สึกมีคุณค่าในตนเอง จำนวน 37 ข้อ

**ชุดที่ 1 เครื่องมือคัดกรองการถูกระทำรุนแรง แบ่งเป็น 3 ส่วน**

**ส่วนที่ 1 แบบสอบถามการถูกระทำรุนแรงทางด้านร่างกาย**

**คำชี้แจง** โปรดทำเครื่องหมาย / ลงในช่องคำตอบที่ตรงกับลักษณะที่ถูกระทำหรือลงโทษ ตามความเป็นจริง (ตอบได้มากกว่า 1 ข้อ) โดยมีเกณฑ์ ในการตอบคำถาม ดังนี้

เคย หมายถึง ในระยะ 1ปีที่ผ่านมา นักเรียนเคยถูกระทำหรือถูกลงโทษ ในลักษณะที่ระบุไว้

ไม่เคย หมายถึง ในระยะ 1ปีที่ผ่านมา นักเรียนไม่เคยถูกระทำหรือถูกลงโทษ ในลักษณะที่ระบุไว้

ลักษณะที่ถูกระทำหรือถูกลงโทษ	เคย	ไม่เคย
1. หีบฉวยสิ่งของใกล้มือปาใส่ 2. ผลัก กระชาก หรือ เหวี่ยง 3. ดึงผม ดึงหู บิดหู หรือหยิกจนบาดเจ็บ . . . . . . . . 12. ทำร้ายด้วยมีดหรือปืน		

นักเรียนถูกระทำรุนแรงทางด้านร่างกายจากใคร

บุคคลภายในครอบครัว

บุคคลภายนอกครอบครัว



### ส่วนที่ 3 แบบสอบถามการถูกรุณแรงทางเพศ

**คำชี้แจง** โปรดทำเครื่องหมาย / ลงในช่องคำตอบที่ตรงกับพฤติกรรมที่นักเรียนถูกรุณกระทำตามความเป็นจริง (ตอบได้มากกว่า 1 ข้อ) โดยมีเกณฑ์ ในการตอบคำถาม ดังนี้

เคย หมายถึง ในระยะ 1 ปีที่ผ่านมา นักเรียนเคยถูกรุณ ในลักษณะที่ระบุไว้

ไม่เคย หมายถึง ในระยะ 1 ปีที่ผ่านมา นักเรียนไม่เคยถูกรุณ ในลักษณะที่ระบุไว้เลย

ลักษณะที่ถูกรุณกระทำ	เคย	ไม่เคย
1. แอบดูขณะอาบน้ำหรือเปลี่ยนเสื้อผ้า 2. ชักชวนหรือหลอกล่อให้ดูสื่อลามก เช่น ภาพโป๊ หนังสือโป๊ ภาพ-ยนตร์หรือวีดีโอลามก 3. ชวนพูดคุยเกี่ยวกับเรื่องที่ลามก หยาบคาย หรือพูดจา ลวนลาม . . . . . . . . . 9. ขึ้นหรือบังคับให้ร่วมเพศ		

นักเรียนถูกรุณกระทำรุนแรงทางเพศจากใคร

บุคคลภายในครอบครัว

บุคคลภายนอกครอบครัว

**ชุดที่ 2 เครื่องมือในการรวบรวมข้อมูล แบ่งเป็น 4 ส่วน****ส่วนที่ 1 แบบสอบถามข้อมูลส่วนบุคคล**

**คำชี้แจง :** ให้นักเรียนตอบคำถามโดยทำเครื่องหมาย / หรือเติมข้อความลงในช่อง

ให้สมบูรณ์ชัดเจน และตรงกับความเป็นจริงเกี่ยวกับนักเรียนมากที่สุด (ตอบทุกข้อ)

1. เพศ  1. ชาย  2. หญิง
2. อายุ   ปี
3. ในครอบครัวของนักเรียนมีพี่น้องร่วมบิดามารดาทั้งหมด  คน (นับนักเรียนด้วย)
4. นักเรียนเป็นบุตรคนที่
5. ลักษณะครอบครัวของนักเรียน
  - 1. ครอบครัวเดี่ยว (ประกอบไปด้วย นักเรียน กับบิดา มารดา)
  - 2. ครอบครัวขยาย (ประกอบไปด้วย นักเรียน, บิดามารดา, พี่, น้อง และญาติ)
6. จำนวนเพื่อนสนิทหรือเพื่อนร่วมกลุ่ม
  - 1. ไม่มี
  - 2. มีจำนวน   คน
7. ผลการเรียนในภาคการศึกษาที่ผ่านมาของนักเรียน คือ

## ส่วนที่ 2 แบบสอบถามสัมพันธภาพในครอบครัว จำนวน 10 ข้อ

**คำชี้แจง :** 1. ให้นักเรียนตอบคำถามโดยทำเครื่องหมาย / ลงในช่องคำตอบท้ายข้อความ ที่ตรงกับความเป็นจริงเกี่ยวกับครอบครัวของนักเรียนมากที่สุด เพียงข้อละ 1 คำตอบเท่านั้น

2. ให้นักเรียนพิจารณาเกณฑ์ดังนี้

จริง หมายถึง ข้อความนั้นเกิดขึ้นกับครอบครัวของนักเรียนทุกวันหรือเกือบทุกวัน

จริงบางส่วน หมายถึง ข้อความนั้นเกิดขึ้นกับครอบครัวของนักเรียนเป็นบางครั้ง

ไม่จริง หมายถึง ข้อความนั้นไม่เคยเกิดขึ้นกับครอบครัวของนักเรียนเลย

ข้อความ	จริง	จริงบางส่วน	ไม่จริง
1. คนในบ้านของนักเรียนพูดคุยกันยามว่าง			
2. คนในบ้านของนักเรียนชอบช่วยเหลือกัน			
3. คนในบ้านของนักเรียนทะเลาะกัน			
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10. นักเรียนรู้สึกว่บรรยากาศในบ้านไม่น่าอยู่			

**ส่วนที่ 3 แบบสอบถามเกี่ยวกับกลุ่มเพื่อน**

**คำชี้แจง** : 1. ให้นักเรียนตอบคำถามโดยทำเครื่องหมาย / ลงในช่องคำตอบท้ายข้อความที่ตรงกับความเป็นจริงเกี่ยวกับนักเรียนมากที่สุด เพียงข้อละ 1 คำตอบเท่านั้น

2. ให้นักเรียนพิจารณาเกณฑ์ดังนี้

จริง หมายถึง ข้อความนั้นเกิดขึ้นกับนักเรียนทุกวันหรือเกือบทุกวัน

จริงบางส่วน หมายถึง ข้อความนั้นเกิดขึ้นกับนักเรียนเป็นบางครั้ง

ไม่จริง หมายถึง ข้อความนั้นไม่เคยเกิดขึ้นกับตัวนักเรียนเลย

ข้อความ	จริง	จริงบางส่วน	ไม่จริง
1. เมื่อนักเรียนขอความช่วยเหลือเพื่อนๆจะเต็มใจให้การช่วยเหลือ			
2. นักเรียนมีส่วนร่วมในการทำกิจกรรมในโรงเรียน			
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5. เพื่อนๆมักจะชวนนักเรียนเข้าร่วมกิจกรรมด้วย			



## APPENDIX C

### ADDITIONAL DATA

ตารางที่ 1 จำนวนและร้อยละของนักเรียนที่ถูกกระทำรุนแรง (Pilot Study)

นักเรียน	จำนวน	ร้อยละ
ถูกกระทำรุนแรง	67	87
ไม่ถูกกระทำรุนแรง	10	13
รวม	77	100

ตารางที่ 2 จำนวนและร้อยละของกลุ่มตัวอย่างที่ถูกกระทำและไม่ถูกกระทำรุนแรง

กลุ่มตัวอย่าง	จำนวน	ร้อยละ
ถูกกระทำรุนแรง	386	57.9
ไม่ถูกกระทำรุนแรง	281	42.1
รวม	667	100

ตารางที่ 3 จำนวนและร้อยละของกลุ่มตัวอย่าง จำแนกตาม ลักษณะของการกระทำรุนแรง

(N =386)

ลักษณะของการกระทำรุนแรง	จำนวน	ร้อยละ
- การกระทำรุนแรงทางร่างกาย	3	0.8
- การกระทำรุนแรงทางจิตใจ	24	6.2
- การกระทำรุนแรงทางร่างกาย และจิตใจ	125	32.3
- การกระทำรุนแรงทางร่างกายและทางเพศ	4	1
- การกระทำรุนแรงทางจิตใจและทางเพศ	3	0.8
- การกระทำรุนแรงทางร่างกาย ทางจิตใจและทางเพศ	115	29.8
- การกระทำรุนแรงทางร่างกาย และจิตใจในระดับรุนแรงมาก และการกระทำรุนแรงทางเพศในระดับรุนแรงน้อย	112	29
รวม	386	100

ตารางที่ 4 จำนวนและร้อยละของการกระทำรุนแรงทางด้านร่างกาย

ลักษณะที่ถูกกระทำหรือถูกลงโทษ	จำนวน	ร้อยละ
1. หยิบฉวยสิ่งของ.....	4	3.6
2. ผลัก ....	11	9.8
3. ดึงผม ...	14	12.5
4. ใช้มือตบ....	23	20.5
5. เตะหรือต่อย...	29	25.9
6. ดตีหรือเขี่ยน...	17	15.2
7. จับศีรษะหรือตัวกระแทก...	11	9.8
8. ใช้บุหรี่หรือยกกันขึง...	1	0.9
9. ใช้น้ำร้อนราด...	2	1.8
10. ไข่เตารีดนาบ...	0	0
11. คุกคาม...	0	0
12. ทำร้าย...	0	0

ตารางที่ 5 จำนวน ร้อยละ ของการถูกระทำหรือถูกลงโทษ

ลักษณะที่ถูกระทำหรือถูกลงโทษ	จำนวน	ร้อยละ
1. คู่ค้า ...	1	0.9
2. ชู่ ...	1	0.9
3. เปรียบเทียบ...	5	4.5
4. พุดดูถูก...	5	4.5
5. ถูกปรับปรา...	14	12.5
6. พุดจากระยวกราด...	21	18.8
7. ประณาม...	26	23.2
8. กักขัง...	25	22.3
9. ทอดทิ้ง...	9	8
10. ลงโทษ...	3	2.7
11. ห้ามขยับเขยื้อน...	1	0.9
12. ไม่ดูแล...	1	0.9

ตารางที่ 6 จำนวน ร้อยละของการถูกระทำรุนแรงทางเพศ

ลักษณะที่ถูกระทำหรือถูกลงโทษ	จำนวน	ร้อยละ
1. แอบดูขณะอาบน้ำ...	37	33
2. ชักชวนหรือหลอกล่อ...	45	40.2
3. ชวนพูดคุย...	18	16.1
4. โขว้อวัยวะ...	12	10.7
5. ชักชวนหรือหลอกล่อให้เปลื้อง...	0	0
6. จับหรือลูบคลำ...	0	0
7. ชักชวนหรือหลอกล่อให้มีเพศ...	0	0
8. พยายามที่จะข่มขืน...	0	0
9. ข่มขืน...	0	0

ตารางที่ 7 จำนวน ร้อยละ ของบุคคลที่กระทำรุนแรง จำแนกตามลักษณะการกระทำรุนแรง

บุคคลที่กระทำรุนแรง	ลักษณะการกระทำรุนแรง					
	การกระทำรุนแรงทางร่างกาย		การกระทำรุนแรงทางจิตใจ		การกระทำรุนแรงทางเพศ	
	จำนวน	ร้อยละ	จำนวน	ร้อยละ	จำนวน	ร้อยละ
ภายในครอบครัว	27	24.1	31	27.7	6	5.4
ภายนอกครอบครัว	34	30.4	37	33	96	85.7
ภายในและภายนอกครอบครัว	51	45.5	44	39.3	10	8.9
รวม	112	100	112	100	112	100

ตารางที่ 8 จำนวน ร้อยละ รายชื่อของความรู้สึกมีคุณค่าในตนเอง

ข้อความ	ใช่		ไม่ใช่	
	จำนวน	ร้อยละ	จำนวน	ร้อยละ
1. ฉันใช้เวลาส่วนใหญ่...	46	41.1	66	58.9
2. ฉันพูดความจริงเสมอ				
3. ฉันเป็นคน...	66	53.6	52	46.4
4. ฉันอยาก...	61	54.5	51	45.5
5. เป็นเรื่องยาก...	43	38.4	69	61.6
6. ฉันสามารถ...	70	62.5	42	37.5
7. ฉันรู้สึกไม่มีความสุข...	33	29.5	78	69.6
8. ฉันรู้สึกลำบากใจ...	60	53.6	52	46.4
9. ใครๆบอกฉัน...	58	51.8	54	48.2
10. ฉันมีความสุขตลอดเวลา				
11. ฉันใช้เวลานาน...	67	59.8	45	40.2
12. ฉันรู้สึกเสีย...	69	61.6	43	38.4
13. ฉันยอมแพ้...	20	17.9	92	82.1
14. ฉันไม่เคยถูกต่อว่า				
15. ผู้ปกครองคาดหวัง...	48	42.9	64	57.1
16. ฉันเป็น...	36	32.1	76	67.9

ข้อความ	ใช่	ไม่ใช่	ใช่	ไม่ใช่
	จำนวน	ร้อยละ	จำนวน	ร้อยละ
18. ชีวิตฉันเต็ม...	46	41.1	66	58.9
19. ฉันมักเป็นคนสุดท้าย...	35	31.3	77	68.8
20. เมื่ออยู่บ้าน...	20	17.9	92	82.1
21. ฉันไม่ชอบ...	34	30.4	78	69.6
22. ฉันทำในสิ่ง...				
23. มีหลายครั้ง...	54	48.2	58	51.8
24. ฉันรู้สึกไม่มีความสุข...	20	17.9	92	82.1
25. ฉันมีรูปร่างหน้าตาไม่ดีเมื่อเปรียบเทียบกับคนอื่นๆ	64	57.1	48	42.9
26. ถ้ามีสิ่งที่ฉัน...	87	77.7	25	22.3
27. เด็กๆชอบ...	84	75	28	25
28. ฉันลืมนใน...	53	47.3	59	52.7
29. ฉันเป็น...	20	17.9	92	82.1
30. ฉันรู้สึกเงิน...	66	58.9	46	41.1
32. ฉันไม่เคยกังวลใจกับสิ่งใดเลย				
33. คนส่วนใหญ่ได้รับความชื่นชมมากกว่าฉัน	77	68.8	35	31.3
34. ฉันรู้สึกเสมอ...	41	36.6	71	63.4
35. ในห้องเรียนฉันเป็นคนที่มีความคิดดีๆเสมอ	31	27.7	81	72.3
36. บ่อยทีเดียวที่ฉันรู้สึก...	49	43.8	63	56.3
37. ฉันเป็นที่พึง...	34	30.4	78	69.6

## ตารางที่ 9 จำนวน ร้อยละรายชื่อของสัมพันธภาพในครอบครัว

ข้อความ	จริง		จริงบางส่วน		ไม่จริง	
	จำนวน	ร้อยละ	จำนวน	ร้อยละ	จำนวน	ร้อยละ
1. คนในบ้านของนักเรียน...	71	74.3	39	33.9	2	1.8
2. คนในบ้านของนักเรียนชอบช่วย...	57	50.9	53	47.3	2	1.8
3. คนในบ้าน...	22	19.6	59	52.7	31	27.7
4. คนในบ้านของนักเรียนทำร้าย...	15	13.4	39	34.8	58	51.8
5. นักเรียนรู้สึก...	79	70.5	25	22.3	8	7.1
6. คนในบ้านของนักเรียนมีเรื่อง...	14	12.5	71	63.4	27	24.1
7. คนในบ้านของนักเรียนต่างคน...	3	2.7	12	10.7	97	86.6
8. คนในบ้านของนักเรียนรัก...	68	60.7	41	36.6	3	2.7
9. คนในบ้านของนักเรียนเป็น...	73	65.2	36	32.1	3	2.7
11. นักเรียนรู้สึกว่าบรรยากาศ...	8	7.1	43	38.4	61	54.5

## ตารางที่ 10 จำนวน ร้อยละรายข้อของกลุ่มเพื่อน

ข้อความ	จริง		จริงบางส่วน		ไม่จริง	
	จำนวน	ร้อยละ	จำนวน	ร้อยละ	จำนวน	ร้อยละ
1. เมื่อนักเรียนขอความ...	26	23.2	80	71.4	6	5.4
2. นักเรียนมีส่วนร่วม...	51	45.5	57	50.9	4	3.6
3. เมื่อเพื่อนเดือดร้อน...	41	36.6	67	59.8	4	3.6
4. เพื่อนเชื่อถือ...	11	9.8	81	72.3	20	17.9
5. เพื่อนๆมักจะชวน...	55	49.1	43	38.4	14	12.5

## BIOGRAPHY

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