CHARACTERISTICS OF DOMESTIC VIOLENCE IN CHILDREN OF ADDICTS

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CHARACTERISTICS OF DOMESTIC VIOLENCE IN CHILDREN OF ADDICTS

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ABSTRACT

The study investigated the characteristics of domestic violence in addicted children. The subjects consisted of 428 juvenile offenders selected by random sampling technique. Data and information were collected from March 20 to April 20, 2006 using a questionnaire. Descriptive and analytical statistics were applied for data analysis. For comparison of various factors with each other, Pearson's Product Moment Correlation Coefficient was applied.

The result of the investigation reveal that 40.9% were neglected, most commonly they were not asked to learn, and were home alone.40.4% of them were physically abused, mostly by slapping of the head and hitting. 40.2% of them were emotionally abused. Most commonly they were yelled at, intimidated and scolded 39.7% of them were sexually abused and this usually involved taking liberties. Among child abuse cases, there were significant differences in child gender and education level (p-value<0.05).The significant factors related to characteristics of violence included the first age of using drugs type of drug, self-esteem child's perception of family relationships, drinking alcohol, gambling and type of drug abuse of guardian (p-value < 0.05).

The outcome of the research disclosed that domestic violence effects a child to become addicted to drugs. The findings of this study might be useful information for families, society and the respective governmental units which are in charge of planning and implementing appropriate measures to prevent violence in the family. The findings might also help with work on guide lines to solve the problem of child addiction in the future.

KEY WORDS : DOMESTIC VIOLENCE / CHILD ADDICTS / CHILD ABUSE

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ลักษณะการกระทำรุนแรงในครอบครัวของเด็กติดยาและสารเสพติด
(CHARACTERISTICS OF DOMESTIC VIOLENCE IN CHILDREN OF ADDICTS)

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บทคัดย่อ

การศึกษาครั้งนี้ มีวัตถุประสงค์เพื่อศึกษาลักษณะการกระทำรุนแรงต่อเด็กในครอบครัวของเด็กติดยาและสารเสพติด ประชากรที่ศึกษาคือ เด็กติดยาและสารเสพติด ที่ศูนย์ฝึกและอบรมเด็ก 4 แห่ง จำนวน 428 ราย เก็บข้อมูลระหว่างวันที่ 20 มีนาคม – 20 เมษายน 2549 เครื่องมือที่ใช้ในการศึกษาคือ แบบสอบถามข้อมูลทั่วไป สัมพันธ์ภาพในครอบครัว การรับรู้คุณค่าในตัวเอง การถูกกระทำรุนแรงด้านร่างกาย จิตใจ ทางเพศและการปล่อยปละละเลย และการรับรู้การถูกกระทำรุนแรง วิเคราะห์ข้อมูลโดยคำนวณค่าร้อยละ ค่าเฉลี่ย ส่วนเบี่ยงเบนมาตรฐาน ทดสอบค่าทีวิเคราะห์ความแปรปรวนทางเดียว และสัมประสิทธิ์สหสัมพันธ์แบบเพียร์สัน

ผลการศึกษาพบว่าร้อยละ40.9 เป็นรูปแบบการกระทำรุนแรงต่อเด็ก ชนิดถูกปล่อยปละละเลยร้อยละ 40.9 โดยวิธีไม่ไต่ถามเรื่องการเรียน, ทุกข์สุขของเด็กและปล่อยให้อยู่คนเดียว การกระทำรุนแรงด้านร่างกาย คิดเป็นร้อยละ 40.4 โดยวิธีตบศีรษะและเฆี่ยนตี การกระทำรุนแรงด้านจิตใจ คิดเป็นร้อยละ40.2 โดยวิธีตะโกนด่า และดุด่าต่อหน้าคนอื่น รูปแบบการกระทำรุนแรงต่อเด็กด้านเพศร้อยละ39.7 โดยวิธีพูดจาลวนลาม ตามลำดับ นอกจากนี้ยังพบความสัมพันธ์ของรูปแบบการกระทำรุนแรงต่อเด็กกับเพศ, และระดับการศึกษา, อายุการใช้ยาครั้งแรก, ชนิดของยาและสารเสพติดที่ใช้, การรับรู้คุณค่าตัวเอง, การยอมรับการถูกกระทำรุนแรง, สัมพันธ์ภาพในครอบครัว, สมาชิกในครอบครัวดื่มสุรา,การพนัน,ใช้ยาและสารเสพติด (p-value<0.05)

ผลการศึกษาความสัมพันธ์ของการใช้ยาและสารเสพติดของเด็กกับรูปแบบ/ลักษณะการกระทำรุนแรงต่อเด็กในครอบครัวในครั้งนี้จะประโยชน์ต่อครอบครัว ชุมชน ภาครัฐและองค์กร ที่จะนำไปใช้เป็นแนวทางในการป้องกันการใช้ยาและสารเสพติดของเด็กและเยาวชนต่อไป

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LIST OF ABBREVIATIONS

Abbreviation	Full word
DF	degrees of freedom
et al.	et alii (Latin), and other
etc.	et cetera (Latin), and the rest
1st ed.	first edition
2nd ed.	second edition
3rd ed.	third edition
4th ed.	fourth edition
F	significant of F
i.e.	id est (Latin), that is, in other words
mg	milligram
MS	mean square
n	number of samples
no.	number
P	probability value
S.D.	standard deviation
SS	sum of squares
SV	source of variance
t	significant of T
$\overline{X}$	mean
χ^2	chi-square
%	percent
Alc	alcohol
Ciga	cigarette
Mari	marijuana
Hero	heroin
Amphe	amphetamine
Inha	inhalant
< 1 types	use of drug one more type

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CHAPTER I
INTRODUCTION

1. Background and Significance

Domestic violence is one of a crime which the public are becoming more aware of each year. In the UK a quarter of all reported violent crimes are domestic. In the US the estimate of the number ranges from 960,000 incidents of violence against a current or former partner to four million each year. Indiana (1) Domestic violence served in emergency adults 5,018 and children 4199.But domestic violence is also a world-wide problem. The question often asked is why do people stay in an abusive relationship? The most common reason is because of financial restraints or fear of losing the children. All research shows that if children witness their parents' marital discord and fighting, this will affect them deeply and their emotional well-being will be harmed. They will be scared by what they see and hear (2). The National Child Abuse and Neglect Data System was developed by the Children's Bureau of the U.S. Department of Health and Human Services in partnership with the States to collect annual statistics on child maltreatment from State child protective services (CPS) agencies. The press release announcing these data is available on the U.S. Department of Health and Human Services. An estimated 906,000 children were determined to be victims of child abuse or neglect in 2003. The rate of victimization per 1,000 children in the International population has dropped from 13.4 children in 1990 to 12.4 children in 2003. More than 60 percent of child victims experienced neglect. Almost 19 percent were physically abused, 10 percent were sexually abused, and 5 percent were emotionally maltreated. In addition, 17 percent were associated with "other" types of maltreatment, based on specific State laws and policies. Children ages birth to 3 years had the highest rates of victimization at 16.4 per 1,000 children of the same age group. Girls were slightly more likely to be victims than boys. Pacific Islander, American

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Indian or Alaska Native, and African-American children had the highest rates of victimization when compared to their national population. While the rate of White victims of child abuse or neglect was 11.0 per 1,000 children of the same race, the rate for Pacific Islanders was 21.4 per 1,000 children, the rate for American Indian or Alaska Natives was 21.3 per 1,000 children, and the rate African - Americans was 20.4 per 1,000 children. The report estimated the number of abused and neglected children increased from 1.4 million in 1983, to over 2.8 million in 1993. The number of children who were seriously injured quadrupled from about 143,000 to nearly 570,000 (3).

Provided by the U.S. Department of Justice, Children and teenagers are victims. Two-thirds of sex offenders in prisons victimized a child. All reports that alleged child abuse or neglect were made by such professionals as educators, law enforcement and legal personnel, social services personnel, medical personnel, mental health personnel, child daycare providers, and foster care providers. Such non-professionals as friends, neighbors, and relatives submitted approximately 43 percent of reports. Approximately 30 percent of the reports that were investigated included at least one child who was found to be a victim of abuse or neglect. Fifty-eight percent of the reports were found to be unsubstantiated the remaining reports were closed for additional reasons (4). In 2003, an estimated 2.9 million referrals concerning the welfare of approximately 5.5 million children were made to CPS agencies throughout the United States. Composition of substantiated child abuse in 2000: 879,000 children were victims of child maltreatment. Neglect 63% physical 19% Sexual 10% Psychological 8 %.Rate of child abuse by race: Asian/Pacific Islanders 1 % (5).

In Thailand, child abuse statistics are not systematically recorded. The available statistics were collected from government offices such as police departments, hospitals and courts and information is mostly based on the reports of victims who asked for help. Therefore, the available data only show the tip of the iceberg and may not represent the accurate incidence of child abuse. A study conducted to determine the prevalence of child abuse of children under 15 years of age in which 6 organizations participated including Siriraj hospital, Mental health Institute,

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Department of Public Welfare, an Emergency houses run by an NGO and another one by the Bangkok Metropolis Administration as well as a Women foundation found, that children were actually physical abused. Those who abused the children were mostly their father and mother 24-26% (6).The Foundation to Protect Child's Right reported that the number of child abuse victims in Thailand increased rapidly from 129 in 1993 to be 1999 in 1997. From January to November 2000, data indicated that 7 children were physical abused and 50 percent of abusive cases were children under 12 years (7). From the Health Survey of Thailand undertaken from 1996-1997 it is known that 50 percent of children in the age of 6 to12 years old are exposed to violence in the family. 60.6 percent of children were physical abused from their parents. 0.2 percent of children were sexual abused (8). There is a general agreement among those concerned that the problem of child abuse increased recently. Approximately 60 percent of victims are 2 to 5 years old, 40 percent 6 to 11 years and most of those who commit the crimes were persons close to the family of the child. From the information of 5 daily newspapers, namely Thai Rath, Daily News, Matichon, Kaowsod, Bangkok Business in 2000-2002 it is known that 6 children were killed by their mother in 2000, 9 children in 2001, and another 6 in 2002. Fathers killed 4 children in 2000, 13 in 2001, and 10 in 2002 (9).

Although child abuse in any form is a sign of inappropriate family functions, most of Thai guardians believe that spanking is punishing with love. It is also believed that spanking could improve learning and will discipline the children. “Spare the rod or spoil the child" is a Thai proverb reflecting this belief.(10)However, those who worked to protect children’s right such as Child abuse affects the health of the victims in many ways. Physical symptoms of abuse include many forms of injury such as wounds, fractures, hemorrhages, and internal bleeding. Emotional symptoms of child abuse involve anxiety, paranoia, and depression. Behavioral symptoms of the abused child are poor self-teem, hyperactivity, bad school performance, eating disorders and drug / alcohol abuse. Furthermore, child abuse can cause social problems such as juvenile crime, child prostitute and child drug addiction. Also Pratern Mahakun stated that corporal punishment decreases the child’s self-esteem and children who are frequently physically punished can become juvenile criminals. This view is also

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supported by Vicha Mahakun and Watcharin Pudgetvinyusakul (11) based on their studies about physical abuse. The violence may be expected to pass from victims to next generation. The victims may abuse their own children in the next generation resulting in an increased number of violence crimes. Many studies found that the bad influence of families can turn children and adolescents into criminals. The Child and Adolescence Protection Centre reported that Thai children who were cough as criminals in 1995 amounted to 20,419 cases, in 1997 to 30,668 cases, and in 1999 to 37,388 cases. Most cases related to Child drug addiction.

The underlying reasons for the problem of child abuse are manifold. A proper understanding of factors related to child abuse is necessary in order to address the problem effectively. Therefore, the purpose of this study is to identify factors, which include characteristics of child and family caregivers, the family type, family relationships, children's physical status, patterns of emotional and sexual abuse and kind of drug addiction in children. Determining causation and empirical validation though such research can contribute to increase the knowledge of public health officials, who should develop strategies to prevent child abuse in future.

2. Research Questions

2.1 Frequency of violence in families with a child being addicted.

2.2 What are the characteristics of violence faced by child addicts?

2.3 What is the relation ship between the characteristics of violence and children of addicts?

3. Objectives

3.1 To determine the frequency of domestic violence in children of addicts.

3.2 To determine the characteristics of domestic violence children of addicts.

3.3 To examine the relationship between domestic violence and children of addicts.

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4. Research Hypotheses

There is a connection between factors related to children and their families and the characteristics of violence in the family.

4.1 Gender is related to domestic violence.

4.2 Educational level is related to characteristics of domestic violence.

4.3 Age onset of drugs use is related to characteristics of domestic violence.

4.4 Type of drug and substance is related to characteristics of domestic violence.

4.5 Self - esteem is related to characteristics of domestic violence.

4.6 Perception of abuse is related to characteristics of domestic violence.

4.7 Family relationship is related to characteristics of domestic violence.

4.8 Parental alcohol use is related to characteristics of domestic violence.

4.9 Parental gambling is related to characteristics of domestic violence.

4.10 Parental drug and substance abuser is related to characteristics of domestic violence.

5. Research Variables

5.1 Independent variables

Child factors: Gender, age, education, age onset of drugs use, type of drug and substance, self-esteem and perception of abuse.

Family factors: Occupation, in come, marital status, alcohol use, gambling, drug and substance abuser and family relationship.

5.2 Dependent Variable

Physical abuse, emotional abuse, sexual abuse, and neglect.

5.3 Scope of the study

To study in the Juvenile Vocational Training Centre

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- Regional Juvenile Vocational Training Centre (1), Rayong Province
- Ban Karuna Juvenile Vocational Training Centre for Boys
- Ban Pranee Juvenile Vocational Training Centre for Girls
- Phra Nakorn Sri Ayudhaya Vocational Training Centre

5.4 Significance of the study

5.4.1 Understanding the factors related to children's physical and emotional neglect and sexual abuse, would expand the knowledge and enable a better contributing of the nursing science to the problem of child abuse.

5.4.2 Recognizing the increasing incidence of child abuse will help to prevent children being victims of such maltreatment.

5.4.3 The results of the present study wound also have significant implication for the provision of health services to the victims and would be useful in developing a better quality of life for any young children.

5.4.4 The results of this study could be used as baseline data in order to develop prevention programs against child abuse within the family.

5.5 Definition of variables

5.5.1 Children of addicts is referring to child drug and substance abuser.

5.5.2 Guardian refers to a parents or caregiver

5.5.3 The child factors consisted of:

a. Gender refers to male or female.

b. Educational level refers to the highest education level of the child and is classified as:

- No formal education
- Primary school

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- Secondary school
- High school
- Diploma

c. Age onset use of drugs refers to the age the child used drugs at the first time.

d. Type of drug and substance abuser refers to the type of addiction of the child such as cigarette smoking, alcohol drinking, taking marijuana, heroine, met-amphetamine, and solvent inhalation.

e. Self - esteem refers to child perceive in valuable of himself.

f. Perception of abuse refers to child concede to face domestic violence.

5.5.4 Family factors consist of:

a. Marital status refers to the actual relationship between guardian and their partners regardless of marriage registration. Marital status is divided into 5 groups as follows:

- Married refers to guardian get married and currently live with their partners.
- Mother and father dead refer to have not mother and father.
- Father dead refers to have not father.
- Mother dead refers to have not mother.
- Divorced/separated refers to guardians were married and currently live without their partners.

b. Occupation refers to guardian's current job. Occupation is divided into 4 groups:

- Unemployment
- Employment
- Merchant / Business
- Government Officer / State Enterprise

c. Income refers to the money that the guardians earns per month (baths/month)

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d. Alcohol use refers to alcohol drinking behaviors of guardians as follow;

- Not drinking refers to not drink alcohol.
- Drinking refers to drink alcohol on a regular basis.

e. Gambling refers to playing cards, lottery, illegal lottery, bet on sports bet or racing horse on regular basis.

- No refers to not gambling.
- Yes refers to gambling as mentioned above.

f. Drug and substances abuser refers to guardian drug use such as cigarette smoking, taking marijuana, heroine, and amphetamine.

- No refers to guardians do not use drug and substances.
- Yes refers to guardians use drug and substances.

g. Family relationship refers to relatively enduring unique emotional tie between family members.

6. Operational of Variables

6.1 Child abuse is any act which does discipline and harm a child's health by a person responsible for the child's welfare. Child abuse occurs through non - accidental physical or emotional injury, or maltreatment.

6.2 Physical abuse: Physical abuse is characterized by the infliction of physical injury as a result of pushing and/or pulling body; hair-pulling; pinching; slapping on the face, head and back; kicking, pinching; trampling; hitting by a rod or belt; throwing objects on; beating the head or body on the floor or the wall; cigarette burning; burning with iron; threatening with weapons; and physical restraint and confining in a room.

6.3 Emotional abuse: Emotional abuse is the infliction of mental anguish by regular criticism, humiliation and other attempts to undermine self- image and sense of worth. In this study, emotional abuse refers to indirect verbal assaulting;

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yelling; intimidating; calling as an animal; verbal assaulting; insulting; humiliating; enforcing isolation and restriction of movement.

6.4 Neglect: Neglect is abandoning the child for longer than 1 day; refusal of or delay in seeking health care; non-provision of food; neglect to provide good clothes; failure to provide educational materials; threatening to give the child away; inattention or do not talk with the child for a week; withholding food; and non provision of money.

6.5 Sexual abuse: sexual contact without consent; any exploitation or coercive sexual contact including fondling, and intercourse.

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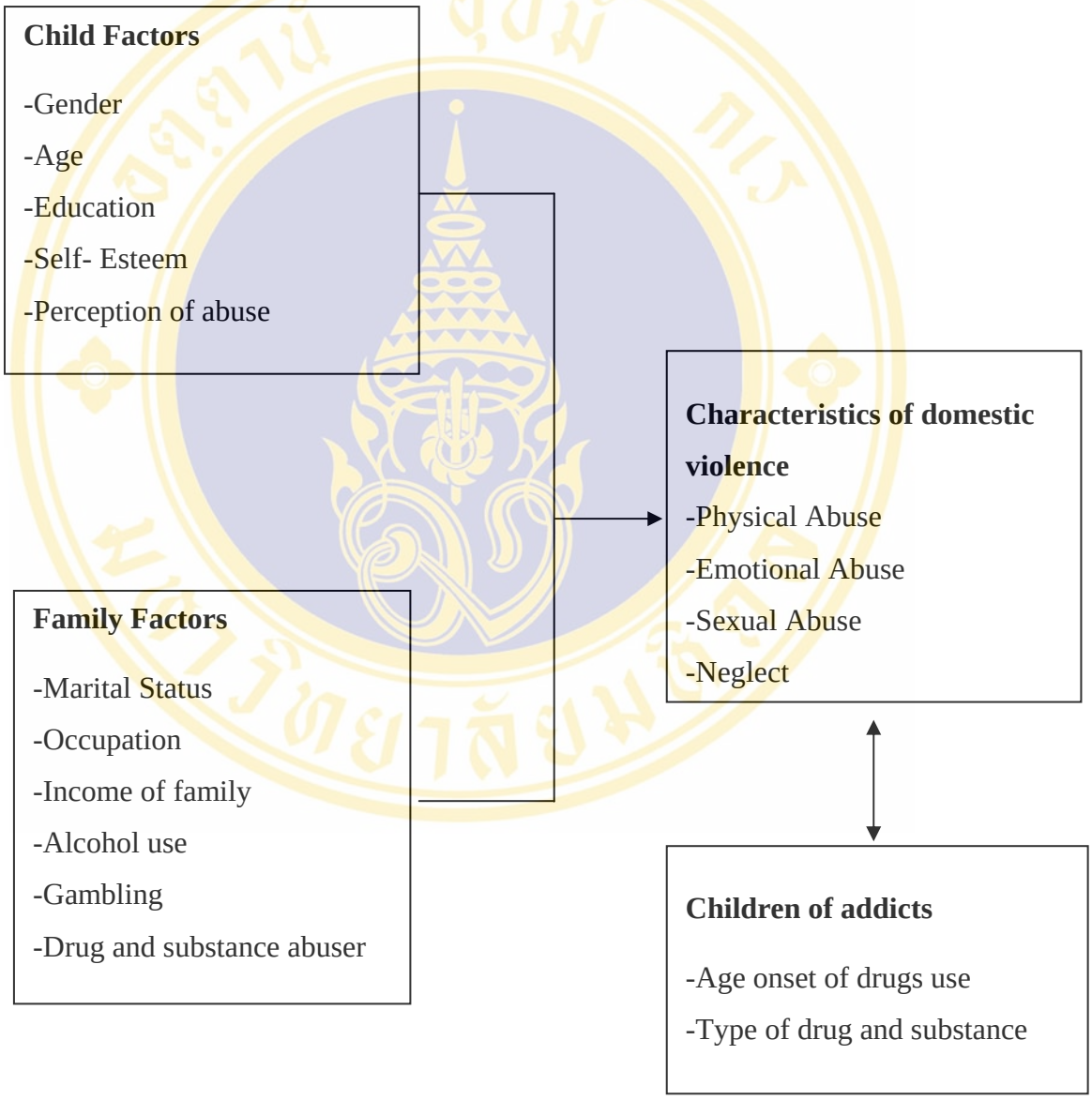
7. Research Conceptual Framework

Independent Variables **Dependent Variables**



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CHAPTER II
LITERATURE REVIEW

This chapter critically reviews the existing literature and investigations related to child abuse. Information from documents, concepts, theories and relevant researches had been searched and studied in order to obtain information for designing, planning and conducting this research. The following topics had been reviewed:

1. Family Violence
    1.1 Definition of domestic violence
    1.2 Definition of child abuse
    1.3 Classifications of violence
    1.4 Theoretical models trying to explain the cause for the occurrence of violence
2. Addiction
    2.1 Definition of addiction
    2.2 Risk factors and theoretical models trying to explain the cause for of substance abuse
    2.3 Impact of addiction on the child
3. Relevant Researches

1. Family Violence

1.1 Definition of domestic violence

Family violence includes intimate relationship abuse as it relates to domestic abuse, child abuse, and sexual abuse. More specifically:

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Domestic Abuse is defined as violence between persons who live of have lived together, persons who have had a child together, or persons who have had a past or present intimate or sexual relationship. This includes not only causing physical harm but attempting to cause physical harm or placing a person in fear of physical harm.

Child Abuse, as it occurs within the context of domestic abuse of children who are present in households where domestic abuse occurs. This includes both abuse and neglect as defined by the Nebraska law.

Sexual violence, as it occurs within the context of domestic abuse and results in instances where the victim is compelled to submit sexually due to the use of force or the perceived threat of force or coercion or duress; or the victim expressed a lack of consent through words or conduct; or the consent, if actually given, resulted from the perpetrator's deception. This includes rape, attempted rape, fondling, sexual harassment or any forces or coerced sexual acts.

Domestic Violence, in the past two decades, there has been growing recognition of the prevalence of domestic violence in many societies. Moreover, it has become apparent that some individuals are at greater risk for victimization than others. Domestic violence has adverse effects on individuals, families, and society in general. Domestic violence includes physical abuse, sexual abuse, psychological abuse, and abuse to property and pets (11). Exposure to this form of violence has considerable potential to be perceived as life-threatening by those victimized and can leave them with a sense of vulnerability, helplessness, and in extreme cases, horror.

Physical abuse refers to any behavior that involves the intentional use of force against the body of another person that risks physical injury, harm, and/or pain (12). Physical abuse includes pushing, hitting, slapping, choking, using an object to hit, twisting of a body part, forcing the ingestion of an unwanted substance, and use of a weapon.

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Sexual abuse is defined as any unwanted sexual intimacy forced on one individual by another. It may include oral, anal, or vaginal stimulation or penetration, forced nudity, forced exposure to sexually explicit material or activity, or any other unwanted sexual activity (12). Compliance may be obtained through actual or threatened physical force or through some other form of coercion.

Psychological abuse may include derogatory statements or threats of further abuse (12). It may also involve isolation, economic threats, and emotional abuse.

1.2 Definitions of child abuse

The National Committee on Woman Child and Aging define child abuse as "any acts that are harm to a child 's health by a person responsible for the child 's health or welfare which occurs through non- accidental physical or mental injury, sexual abuse or maltreatment" Child abuse and neglect means, at a minimum any recent act or failure to act on the part of a parent or caretaker, which results in death, serious physical or emotional harm, sexual abuse, or exploitation, or an act or failure to act which presents an imminent risk of serious harm.

Vicha Mahakun & Watcharin Pudiegvinyusakul (11) stated that "Child Abuse means an act which harms the child through too strict discipline including using inappropriate language, and a wide array of mistreatment and neglect".

The World Health Organization (13) defines child abuse as "all forms of physical and/or emotional 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".

For the purpose of this study the study the definition of child abuse is adapted from what are define by The Nation Committee on Woman Child and Aging, and Vicha Mahakun & Watcharin Pudjegvinyusakul.

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1.3 Classifications of Violence

There are four major classifications of violence: physical abuse or battering, emotional abuse, neglect, and sexual abuse. Operational definitions include the following: (14)

Physical Abuse: The term is generally defined as any non accidental physical injury to the child, and can include slapping, hitting, hair-pulling, stabbing, shooting, kicking, burning, or biting the child, or any action that results in a physical impairment of the child.

Emotional Abuse: There are a number of specific definitions of emotional abuse or mental injury to a child. Typical expressions used in these definitions are “injury to the psychological capacity or emotional stability of the child as evidenced by an observable or substantial change in behavior, emotional response, or cognition," or as evidenced by “anxiety, depression, withdrawal, or aggressive behavior."

Neglect: Neglect is frequently defined in terms of deprivation of adequate food, clothing, shelter, or medical care. Several US States distinguish between failure to provide adequate care based on the financial inability to do so and the failure to provide adequate care for no apparent financial reason. The latter situation is one form of neglect.

Sexual Abuse: Sexual contact without consent; any exploitation or coercive sexual contact including fondling, intercourse, oral or anal sodomy, attacks on the sexual parts of the body as well as involuntary viewing of sexual imagery or activity and treating someone in a sexuality derogatory manner.

Most important for the purpose of this study are the definitions of physical- and emotional neglect and sexual abuse of children being addicted.

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1.4 Theoretical models trying to explain the cause for the occurrence of violence

No single theoretical framework has been recognized as the definitive explanation of the cause of child abuse and neglect. However, there now appears to be considerable consensus that child maltreatment is stimulated by a complex interaction between personal, social, and environmental factors.

1.4.1 Mental illness model

The mental illness model or psychiatric approach was probably the first contemporary theory used to deal with parents who abused their children. Essentially the mental illness model theorizes that parents who abuse their children are mentally ill. The adult who inflicts bodily harm on his or her child is a psychologically "sick" person. No other factor is considered to contribute to the occurrence of child abuse, and the obvious goal or treatment is to "cure". The implication of the mental illness model is that the fault for the abuse inflicted on the child rests in the poor mental health of the individual adult. In turn, the prospect for overcoming this illness in the parent rests within the parent. The professional, most likely a psychiatrist or psychologist, is merely assisting the parent in his of her treatment. (14)

1.4.2 Social - psychological model

The Helfer and Kempe theoretical framework of child abuse and neglect was first to receive serious study and is still widely. They have combined both social and psychological variables in explaining why child abuse and neglect occur (15)

Hefer & Kempe cited by Cambell (15) hypothesized that three factors must be present for a parent to abuse a child: an unusual parent, an unusual child, unusual stressful situation. Parents might be unusual among other reasons because they may be immature, inexperienced, suffering from lack self-esteem, and have unrealistic expectations of the child. Parent’s characteristics, the characteristics of the child, and acute or chronic stress situations might be a combination to result in child abuse or neglect.

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The unusual child may be perceived as unusual by the parent, or the child may actually be "Unusual children" may be handicapped, small at birth or chronically ill. Other authors have suggested that an unplanned pregnancy or delayed mother-child contact after birth or after premature delivery may cause problems in the formation of a bond between mother and child, thereby making the child "unusual" in either parent's mind (16).

Children perceived to be unusual are equally easy for the nurse to identify; the nurse only need to listen to the parents, who will frequently make statements like "he's not like the rest of may kids," "she's always been different," etc (15).

1.4.3 Multifactoral models

The study of social interactions and relationships can be seen as occupying a central and potentially integrating place in explaining the causes of aggression. In relation to violence between members of a family, Browne (17) presents a multifactor model of family violence which suggested that stress factors and background influences are mediated through the interpersonal relationships within the family (18).

The model assumes that the 'situation stressors' comprise the following four components.

1) Relations between caregivers: inter-marriage, marital dispute, step-parents cohabited or separated/single parents.

2) Relations to children and elderly dependants: e.g. spacing between births, size of family, caregiver attachments to expectations of their dependants.

3) Structural stress: poor housing, unemployment, social isolation' threats to the caregiver's authority, value and self-esteem.

4) Stress generated by the dependants (s): for example, an unwanted dependant, one who is incontinent, difficult to discipline often ill, physically or mentally disabled, temperamental, frequently emotional or very demanding.

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The chance of these situation stressors resulting in family violence are mediated by and depend on the interactive relationships with in the family. A secure relationship between family members will' buffer' any effects of stress and facilitate coping strategies on behalf of the family. By contrast, insecure or anxious relationships will not 'buffer' the family under stress, such as an argument or a child misbehaving, may result in a physical and emotional attack. Browne suggests that, overall, this will have a negative effect on existing inter personal relationships and reduce any 'buffering' effects still further, making it easier for stressors to overload the system once again. Hence, a positive feedback ('vicious cycle') is set up which eventually leads to 'systematic overload', where constant stress results in repeated physical and emotional assaults. This situation becomes progressively worse without intervention and could be termed 'The spiral of violence'. In some cases violent individuals will cope with their aggressive feeling towards other family members by physical or emotional abuse in order to avoid causing a deliberate injury.

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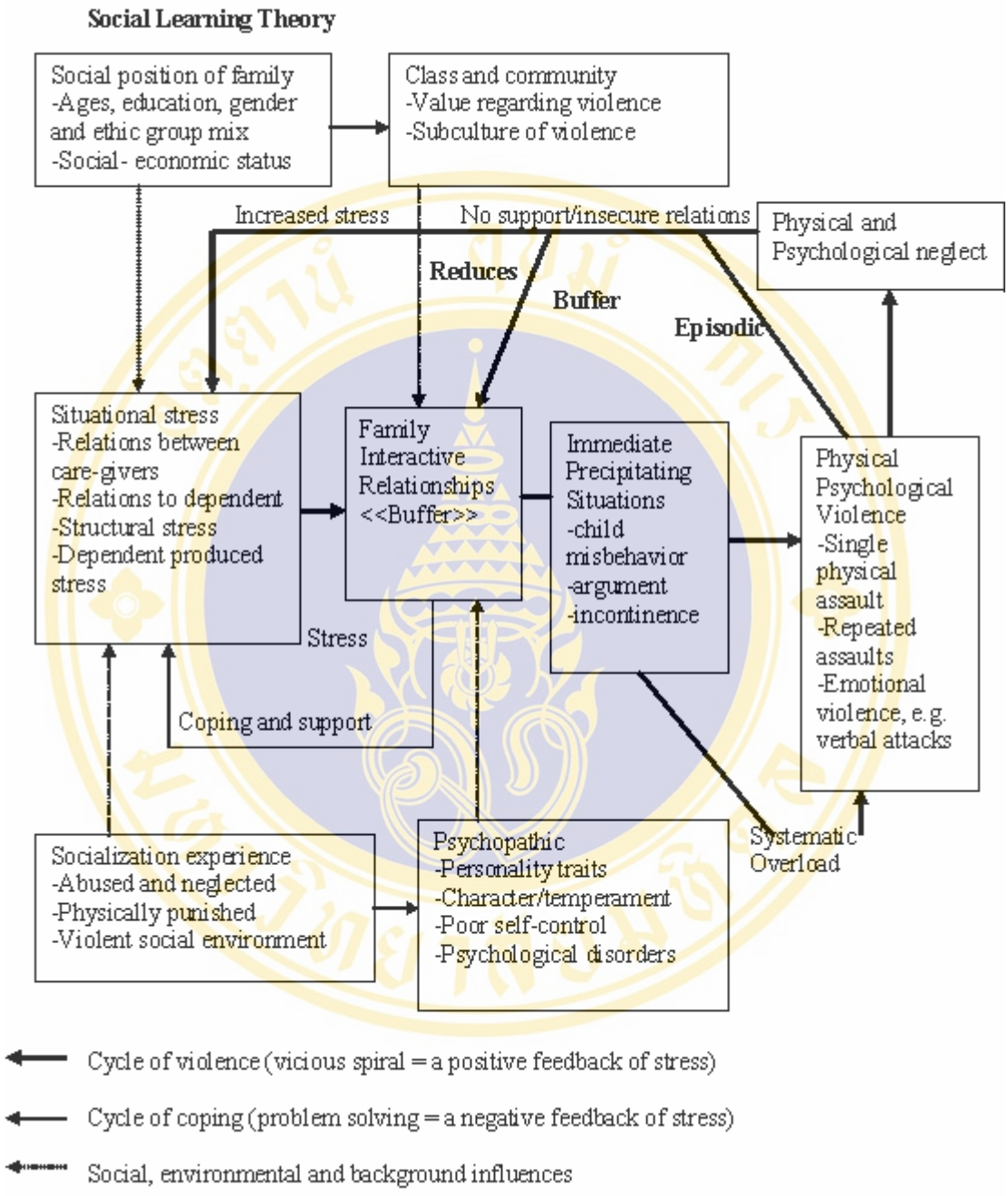

Figure 1: A multifactor model of family violence (18)

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The social-learning model attempts to explain child abuse based on the same principle previously used to describe aggression. This model hypothesizes that aggressive is learned by observing the behavior of other and its positive consequences. Because learning is more likely to occur when models of behavior are perceived as having high status, competence, power, and exposure, guardians, who typically are viewed in this way by their children, are one of the main sources of learning for children.

1.4.4 The millor framework

Millor (19) has proposed a conceptual framework that follows a systematic approach for examining child abuse. The framework arises from theories of the symbolic interaction, stress, and temperament theories of the personality. The interaction of concepts in Millor's framework is depicted. For Millor child abuse is a multifactorial phenomenon in which the environment plays an important role (Cultural tolerance for physical conflict resolution) that fosters family tolerance for physical punishment and establishes the framework for family transactions. The family tolerance for physical discipline is the result and is altered by the parent's own child rearing history and attitudes. Parent’s experience as a child directs the parent's own characteristics and in turn parenting role expectations (20).

According to Millor also the child plays an important part in the occurrence of child abuse. Clearly certain children do not "deserve to be beaten," but each child brings to the parent-child interaction certain self-characteristics that interrelate with the child's behavior (acceptable and unacceptable). According to Millor, stress is interrelated to both the parents and the child. Parents have long been identified as subject to the effects of stress. Millor asserts that stress has its impact on the child as well. The behavioral outcome of the complex interaction of culture, family, parent, child, and stress falls on a continuum: normative/ nurturance, normative discipline, neglectful, and abusive. Millor's framework seemingly describes the interaction among nonabusive /nonneglecful, neglectful, and abusive families. The "healthy" family that uses occasional physical discipline of its children need not automatically be labeled "high risk." The professional nurse may, by detailed

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assessment of all contributing factors of the framework, more clearly understand the strengths and resources of the families.

1.4.5 Environment and stress

This model suggests that the environment is largely responsible for child abuse. Factors such as poor education, poverty, unemployment or occupational stress weaken the parents 'control' and the result is abusive behavior. Gil attributes abuse to the lower socioeconomic level of society. Some critics discount his theories, saying that only the reports of abuse come from lower socioeconomic groups. The more affluent, it is assumed, can cover up their abusive behavior. Gil insists that the higher the environmental stresses, the more significant the rate of abuse. Gil holds there is a predisposition to violence toward children in society today, and other authors agree. Farrington (21) contends that family violence is based on the facts that families experience a great deal of stress today, and that they are not equipped to handle his stress, at the end society accepts violence as a reaction to stress. (See Figure 2)

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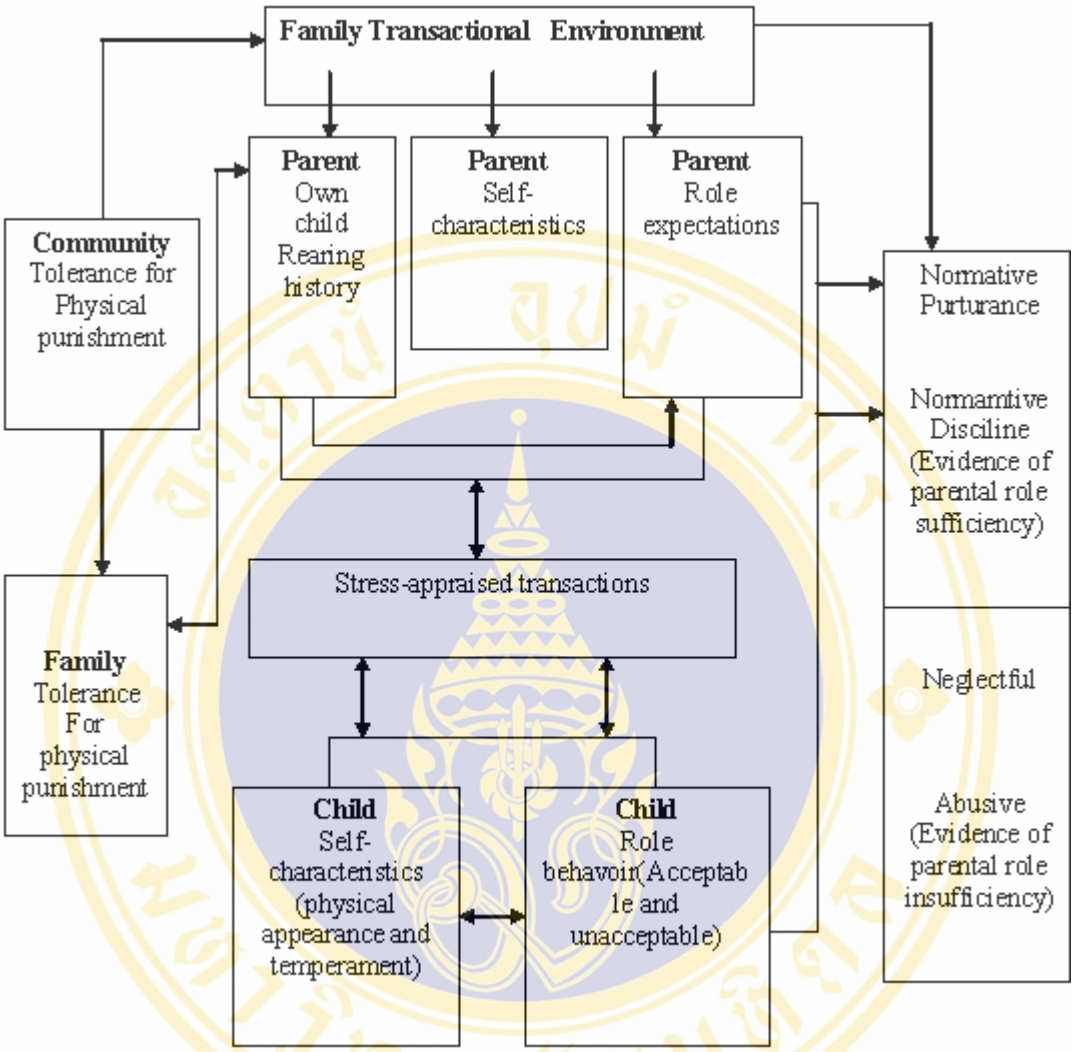

Figure 2: Self-role definition of the situation model

1.5 Causes of violence

Causal factors involved in violence in the home can be broadly classified into sociological explanations and psychological explanations (17).

1.5.1 Sociological Explanations

An alternative approach, but also considered in terms of the social position of the people involved, can be referred to as the micro-political view. The broadest sociological perspective (18) holds that cultural values, the availability of weapons and the exposure to unpunished models of aggression affect personal attitudes to violent behavior.

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Generally, the sociological perspective has moved away from simple social stress explanations of child abuse, such as poverty, to one involving the transactions that occur between the abuser and the abused within the structure of the family and society.

1.5.2 Psychological explanations

Psychological perspectives have traditionally focused on personal characteristics that can cause violent behavior. More recently, however, psychological models have been proposed that are interactive in nature (19).

The psychological perspective concentrates on inherent personality characteristics, often of a psychopathological nature. This research tradition is characterized by the use of rating scales to measure hostility, aggressiveness, temperament, and anger expression (20).

The psychodynamic perspective also focuses on the abnormal characteristics of the individual abuser, emphasizing the internal psychological conflicts and dysfunctions as characteristics of certain abusing adults. Based on the theories of Freud and Lorenz, the emphasis of a psychodynamic approach is the abuser's 'abnormal death instinct' of 'excessive drive' for aggressive behavior in comparison to others. This is seen as the result of genetic make up and/or adverse socialization experiences that produce a 'psychopathic' character, with a predisposition to behave violently.

Based on behavioral theories, this approach provides a less rigid understanding of human aggression and emphasizes observable changes seen in a person's behavior as a result of learning. The process of learning is based on the notion that aggressive responses to environmental cues that are followed by a desired outcome (i.e. positively reinforced) are more likely to be repeated in future. Conversely, aggressive responses that are followed by an undesired outcome (i.e. punished) are less likely to be repeated.

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The causal factors of child abuse must be considered within the context of the Family's interpersonal network. Affectionate familial relationships act as a buffer against internal and external stress (18). An awareness and concern for other family members characterizes affectionate relationships (18). It is important to consider maltreatment in the light of these family dynamics.

1.6 Risk factors to violence

Violence is the result of a number of factors coming together in a complex interplay. All the contributing factors can be called ‘risk factors’. There is no single factor that can adequately account for the high level of child abuse worldwide. Child abuse results from a complex combination of personal, cultural, and social factors (22). Certain characteristics have been associated with the guardian, who abuse and/or neglects his of her child, the child, who is abused and the family environment (15).

Child Characteristics

The perception of a child as being unusual or difficult is often seen in abuse situations. It may be due to parents' negative attitudes toward their child or inadequate knowledge of the child’s development, which encourages unrealistic expectations of motor and language development, behavior, and psychologic needs (17).

Self – Esteem

Empirical evidence is inconsistent concerning the importance of self-esteem as a protective resource during episodes of violence. Some researchers conclude that low self-esteem increases the probability of experiencing violence (12). In contrast Makepeace maintains that self-esteem is not a determinant of involvement in violent relationships. Burkeal similarly indicates that self-esteem only has indirect effects on violence by influencing the individual's willingness to accept aggression as a means of conflict resolution (26).

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Child perception

King (27) defined "perception" as a process of organizing, interpreting, and transforming the received information. The perception of a child as being unusual or difficult is often seen in abuse situations. It may be due to parents' negative attitudes toward their child or inadequate knowledge of the child's development (28). It is unlikely that guardians will interpret a behavior as maltreatment if guardians view that behavior as normal parenting (43).

Family factors

Families in which child abuse occurs have more family and marital distress. The family members have poor of distorted communication patterns. There are role confusions, power imbalances, lack of trust, and a greater likelihood of child abuse. It is not surprising that abusive families report more conflict and less cohesion and expressiveness. Whit respect to child discipline, the family in which abuse occurs tends to value physical punishment (29).

Family relationship

The quality or relationship between the parents may be the key to the inheritance of violence. Family relationship refers to the affective functions that play a role with the internal functions of the family- the psychosocial protection and support of its members (30). Brown & Herbert (17) suggested that stress factors and background influences are mediated through the interpersonal relationships within the family. He suggest that overall this will have a negative affect on the existing interpersonal relationships and reduce any buffering effects still further, making it easier for stress overloading the system once again.

Socioeconomic problem

The socioeconomic problem is founded on premise that it is a societal condition rather than individual attributes, which are primarily responsible for child abuse. Typically, child abuse have been identified as occurring more often in poor families, but only secondary since the reporting source is biased. There is an increased opportunity for "outsider" investigation uniquely associated with poverty. Poverty is

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not merely 'associated' with child abuse. There is good reason to believe, that the problems of poverty are causative agents in parents abusive and negligent behaviors and in the resultant harm to children. However, one problem is that characteristics such as unemployment, marital instability and large families are associated with families in which abuse has been identified. There are numerous poor families experiencing a wide range of social difficulties and but can cope with the situation and have less socio-economic problems (31). Nevertheless socioeconomic problems may add to the stress of basic personality weakness, but socio-economic problems as such are not the cause of abuse. The combined effect of mental, physical, and emotional stresses underlies abuse (32).

1.7 Impacts of violence

Physical abuse impact

The impact of physical abuse varies form fatal to severe or moderate injuries. Physical injuries include severity injuries and soft tissue injuries such as bruise, burns, fracture, head and internal injuries (33). Children who are abused early in their infancy may develop a shrill cry that is not differentiated from their particular need. The motor development and social development of these infants is slow. School problems and behavior problems may be part of the child's life.

Impacts of emotional abuse

Children who are emotionally abused by a parents or even sibling suffer from feelings of being inadequate, isolated, unwanted, or unloved. Their self-esteem is low and they consider themselves unworthy (21). Emery (34) reviewed studies of the effects of child abuse, and concluded that no single behavioral or emotion reaction has found to characterize all abused children. The author lists the following difficulties that have been observed in empirical research: Increased aggression, troubled peer relationships, impaired social cognition, lack of empathy, depression, and lower performance on cognitive tasks. The children fight back, becoming hostile aggressive, and developing behavioral problems, or they turn their anger inward, becoming, self-destructive, depressed, withdrawn or suicidal. A negative expression by emotional abused children is often pronounced. Their behavior

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seems designed to draw attention. Some develop eating disorder, attempt suicide, or drift into delinquency. By the time the child is an adolescent, the consequences of maltreatment have often become an integral part of his or her personality (21).

Family impacts

Every family faces problems in its day to day life. Many are able to overcome them, but those families that cannot conquer their problems and cannot function in a manner that encourages the positive growth of their members. Failing to meet common problems compounds the problems. These failures can be organized into four categories: failure to complete basic family tasks, failure in dealing with change associated with development tasks, failure to deal with crises, and failure to deal with societal pressures (21).

Societal impacts

A child may have an indirect effect on the society. She or he present a drain on the economically productive workforce and generates a climate of fear and insecurity. Vicha Makhkun & Watcharin Pudgetvinyusakul(11) conducted a study including 1.582children who lived in the Bang Khen Correction homes. It was found that 95.7 percent of them was physical abused and the main cause of child abuse was quarrelling parents. These abused children would have a negative attitude towards the society (78.9%). The study indicated that children abused by family members would commit theft, drug abuse, and might become prostitutes.

Documentation of the psychological and sociological damage resulting from abusive child-rearing patterns has been increasing. This damage, in turn, may lead to intergenerational patterns of abnormal parenting and increased numbers of violent crimes perpetrated to those with histories of child abuse. Violence as the norm is an expectation passed on from victims to the next generation.

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2. Addiction

2.1 Definition of addiction

In addition of being a major public health problem, some consider drug abuse to be a social problem with far-reaching implications. Stress, poverty, domestic and societal violence, and various diseases (i.e., injecting drug users as a source for HIV/AIDS) are sometimes thought to be spread by drug use. Studies have also shown that individuals dependent on illicit drugs experience higher rates of psychiatric syndromes. Some drugs that are subject to abuse have effects on the central nervous system (CNS), which results in changes in the mood, levels of awareness or perceptions and sensations. Most of these drugs also alter systems other than the CNS. But, not all centrally acting drugs are subject to abuse, which suggests that altering consciousness is not sufficient for a drug to have abuse potential. Among drugs that are abused, some appear to be more likely to lead to uncontrolled use than others, suggesting a possible hierarchy of drug-induced effects relative to abuse potential.

The World Health Organization presently prefers to use the terms harmful use and hazardous use (of drugs), in order to distinguish between the health effects of drug abuse rather than the social consequences. Another preferred term is drug misuse defined as the use of a substance for a purpose not consistent with legal or medical guidelines, as in the non-medical use of prescription medications. According to WHO, the term misuse is preferred by some in the belief that it is less judgmental. WHO definitions of addiction, dependence and drug abuse persist in the present day medical literature and have become entrenched in the global legislation. That is despite the disclaimers and reliance on contentious assumptions. The WHO itself continues to use drug abuse' in its publications, and uses the term 'abuse' consistently and exclusively when discussing the control and consumption of illegal substances. This is in keeping with guidelines issued by the WHO's parent organization, the United Nations, which discourages any recognition of "recreational" or "responsible" use of drugs. Researchers may take note that somewhat less contentious definitions of addiction, dependence, and tolerance (with no speculation as to their roles in the definition of drug abuse) were jointly issued in 2001 by the American Academy of Pain Medicine,

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the American Pain Society, and the American Society of Addiction Medicine in the publication (Definitions related to the use of Opioids for the treatment of Pain) The National Institute on Drug Abuse defines drug abuse as "the use of illegal drugs or the inappropriate use of legal drugs and the repeated use of drugs to produce pleasure, to alleviate stress, or to alter or avoid reality". Attempts by government-sponsored drug control policy to interdict drug supply and eliminate drug abuse have been largely unsuccessful. In the United States the number of nonviolent drug offenders in prison exceeds by 100,000 the total incarcerated population in the EU, despite the fact that the EU has 100 million more citizens. In spite of the best efforts by the U.S., drug supply and purity has reached an all time high, with the vast majority of resources spent on interdiction and law enforcement instead of public health measures. In addition to being a major public health problem, some consider drug abuse to be a social problem with far-reaching implications as mentioned above already.

Substance abuse

Substance abuse is an element of the definition of child abuse or neglect. This includes also the manufacture of a controlled substance in the presence of children or on the premises occupied by a child or allowing a child to be present where the chemicals or equipment for the manufacture of controlled substances are used or stored, as well as selling, distributing, or giving drugs or alcohol to a child and exposure of the child to drug paraphernalia, the criminal sale or distribution of drug, or drug-related activity. Use of a controlled substance by a caregiver impairs the caregiver's ability to adequately care for the child. (35)

Cigarette

Tobacco smoke contains thousands of chemical agents, including over 60 substances that are known to cause cancer. The risk of developing smoking-related cancers, as well as non-cancerous diseases, increases with total lifetime exposure to cigarette smoke. Smoking cessation has major and immediate health benefits, including decreasing the risk of lung and other cancers, heart attack, stroke, and chronic lung disease. The health risks caused by cigarette smoking are not limited to smokers. Exposure to secondhand smoke, or environmental tobacco smoke (ETS),

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significantly increases the risk of lung cancer and heart disease in nonsmokers, as well as several respiratory illnesses in young children. (36)

Cigarette smoke contains about 4,000 chemical agents, including over 60 carcinogens In addition, many of these substances, such as carbon monoxide, tar, arsenic, and lead, are poisonous and toxic to the human body. Nicotine is a drug that is naturally present in the tobacco plant and is primarily responsible for a person's addiction to tobacco products, including cigarettes. During smoking, nicotine is absorbed quickly into the bloodstream and travels to the brain in a matter of seconds. Nicotine causes addiction to cigarettes and other tobacco products that is similar to the addiction produced by using heroin and cocaine (36).

Alcohol

Within five minutes of consuming, alcohol enters the blood stream via the stomach. The effects can last for several hours. Alcohol is a nervous system depressant and after three units, makes people less socially inhibited and generally more relaxed. A unit contains eight grams of alcohol and consists of one large beer, one glass of wine or one pub measure of spirits. After eight units, most people will slur their speech and become clumsy, uncoordinated and sometimes very emotional. If more alcohol is consumed, double vision, nausea, loss of balance and vomiting can occur. Further drinking may lead to unconsciousness and memory loss. Many things influence the effects alcohol has on particular people. That is their body weight, the speed with which the alcohol was consumed, how full or empty the stomach of the drinker was, their emotional state, their drinking habits and their personality or surroundings. (37)

Amphetamines

Amphetamines may be used almost continuously or used intermittently. Some amphetamines are not approved for medical use, and some are manufactured and used illegally. Abusers are depressed and seek the mood-elevating effects of these stimulants to temporarily relieve the depression. Others tend to use them in high energy activities, such as at dance parties. Amphetamines cause the release of

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increased amounts of dopamine in the brain, which is the likely cause of mood elevation.

Amphetamines increase alertness (reduce fatigue), heighten concentration, decrease appetite, and enhance physical performance. They may induce a feeling of well-being, euphoria, and reduce inhibition. In addition to stimulating the brain, amphetamines increase blood pressure and heart rate. Heart attacks have occurred, even in healthy young athletes. Blood pressure may become so high that a blood vessel in the brain ruptures, causing a stroke. People who habitually use amphetamines rapidly develop tolerance as part of their dependence. The amount used ultimately may exceed several hundred times the original dose. Most people using very high doses may become psychotic, because amphetamines can cause severe anxiety, paranoia, and a distorted sense of reality. Psychotic reactions include auditory and visual hallucinations (hearing and seeing things that are not there) and a feeling of having unlimited power (omnipotence). Although these effects can occur in any user, people with a mental health disorder, such as schizophrenia, are more vulnerable to them. (38).

Marijuana

Marijuana is a green or grey mixture of dried, shredded flowers and leaves of the hemp plant Cannabis sativa. There are over 200 slang terms for marijuana including "pot," "herb," "weed," "boom," "Mary Jane," "gangster," and "chronic." It is usually smoked as a cigarette (called a joint or a nail) or in a pipe. In recent years, it has appeared in blunts. These are cigars that have been emptied of tobacco and re-filled with marijuana, often in combination with another drug, such as crack. Some users also mix marijuana into foods or use it to brew tea. The main active chemical in marijuana is THC (delta-9-tetrahydrocannabinol). In 1988, it was discovered that the membranes of certain nerve cells contain protein receptors that bind THC. Once securely in place, THC kicks off a series of cellular reactions that ultimately lead to the high that users experience when they smoke marijuana. The short-term effects of marijuana use include problems with memory and learning;

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distorted perception, difficulty in thinking and problem solving, loss of coordination; and increased heart rate, anxiety, and panic attacks. (39)

Inhalants

Inhalants are substances whose vapors can be inhaled to produce a mind altering effect. Inhalants might be solvents, such as paint thinners, degreasers, and glues or aerosols, such as hair sprays and vegetable oil sprays for cooking. Inhalants also include ether, nitrous oxide, and propane and nitrites, such as nitrite, amyl nitrite, and butyl nitrite. Inhalant abusers can sniff or snort fumes from containers, spray aerosols directly into the nose or mouth, "huff" fumes from an inhalant-soaked rag stuffed into the mouth, sniff fumes from substances sprayed into a paper or plastic bag, or inhale from balloons filled with nitrous oxide. The quick high from inhalants lasts only a few minutes, so abusers often inhale repeatedly over several hours-a practice that can cause unconsciousness and even death. Inhaled chemicals move rapidly from the lungs through the blood to the brain and other organs. In minutes, the user feels alcohol-like effects such as slurred speech, clumsy movements, dizziness, and euphoria. Other effects might include lightheadedness, hallucinations, delusions, and, after heavy use of inhalants, drowsiness and a lingering headache. Inhaled nitrites dilate blood vessels, increase heart rate, and produce a sensation of heat and excitement. Chronic exposure to inhalants causes widespread and long-lasting damage to the nervous system and other vital organs. The toxic chemicals damage parts of the brain that control learning, movement, vision, and hearing. Damage to the heart, lungs, liver, and kidneys may be permanent. (38)

Heroin

Heroin (like opium and morphine) is made from the resin of poppy plants. Milky, sap-like opium is first extracted from the pod of the flower. This opium is refined to make morphine, and then further refined into different forms of heroin. In its purest form, heroin is a fine white, granular powder. It can also be rose, gray, brown or black colored. Its tint reflects the relative purity of the drug and what additives have been used to dilute it, which can include sugar, caffeine or other substances. Heroin can be injected (the strongest and most dangerous method of use),

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smoked or sniffed. The first time it is used, the drug creates a sensation of being high. A person can feel extroverted, able to communicate easily with others and may experience a sensation of heightened sexual performance – but not for long since heroin is highly addictive and withdrawal extremely painful. The drug quickly breaks down the immune system, finally leaving the addict sickly, gaunt and ultimately dead (Church of Scientology International). (39).

2.2 Risk factors and theoretical models trying to explain the cause for of substance abuse

Numerous risk factors for substance use disorders have been studied. This section defines risk factors and introduces concepts that will be described in detail in succeeding chapters.

Genetic Vulnerability

Disproportionate findings of substance abuse in particular families appear to signal a genetic susceptibility to these disorders. Alcoholism, much studied, shows a 50% correlation with a positive family history. Adoption studies and studies of twins have separated environmental influences from genetic factors. They have provided strong evidence for a genetic component of alcoholism. When compared to nonalcoholic adopters, more alcoholic adopters had alcoholic biological parents. Furthermore, the alcoholism, of foster parents did not correlate with adopters' alcoholism, suggesting that environment had less influence. Studies of twins demonstrate a higher concordance for alcoholism among identical twins than among fraternal twins.

Genetic variation exists in the neuronal mechanisms for addiction; the most dramatic at this time is the mesolimbic system. The individual differences of this system may account for the different responsiveness of a subset of abusers to drug abuse and might explain differences in the responsiveness to drug abuse of particular ethnic groups as found in epidemiological studies.

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Environmental Factors

Environment stimuli and access to drugs can predispose people to substance abuse. For example, glucocorticoid treatment and environmental stress may augment the reinforcing properties of opiates, cocaine, and amphetamines. As a result, drug use is much more "rewarding," leading to a higher vulnerability to addiction. On the molecular level, this exposure enhances the reinforcing properties of the VTA-NAC pathway.

Returning to an environment associated with previous substance use after many years of abstinence can induce withdrawal symptoms and initiate drug-seeking behavior, especially if the reformed drug user is under stress. Thus, returning into an adverse environment may renew the cycle of addiction even after years of abstinence. Unfortunately it is impossible to "detoxify" long-term memories of the context of use.

Pain and Self- Medication

Self- medication ascribes drug use and misuse to underlying consequences of a disease process, like feelings of frustration, depression, anger, or physical aspects of pain. Conscious and unconscious denial, rationalization, and minimization play a role in advancing substance use to substance abuse. Chronic pain, as exemplified by sickle cell crises, represents an example of a physical cause of substance abuse. Patients with sickle cell disease may receive chronic opiate treatment for sickle cell crises and develop intermittent dependence on these drugs. However, dependence does not imply addiction. In this case the risk of development of addiction, though real, is low. Although self-medication based on a fear of withdrawal occurs, this level of distress does not usually compel a person to take a drug.

Addictive personality and psychiatric comorbidity.

Recognition of high levels of psychiatric comorbidity in the substance abuse population has fueled a search for an "addictive personality". Alcoholism is the most thoroughly studied substance-related disorder in this regard; affective disorders like depression, sociopathy, and borderline personality are the major psychiatric

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illnesses associated with alcoholism. Personality traits often thought to accompany alcoholism include impulsiveness, narcissism, dependence, anxiety, hypochondria, and ambivalence. However, these associations rely on retrospective studies in which it is difficult to determine which disorder is primary. Prospective studies have established that no specific profile predisposes to alcoholism. Nevertheless, the possibility of a comorbid psychiatric disorder should always be considered when treating patients afflicted with substance-relate disorders.

Sociocultural Factors

The sociocultural influences on substance abuse include ethnic background, culture, gender, age, occupation, social class, subcultures, and religious affiliation. For instance, young, single, unemployed urban men have a high incidence of alcoholism. Some individuals, especially adolescents, initiate drug use due to peer pressure. Cultural groups also establish characteristic patterns of use. For example, in Irish and Native American communities, men more often drink away from home. Other factors that influence choice of drug include the legality and availability of a drug, for instance, cigarette smoking or drinking alcohol versus heroin use. Finally, the alternative activities available in communities can affect the initiation of drug use. On native American reservations for example, some communities believe that drinking has become a pastime, due to a lack of opportunities. Most of persons assume that family relationship is to be associated with child addiction but records have not convincingly illustrated the characteristics of violence in a family with a child being addicted. Therefore, it is the aim of this study to focus on the characteristics of violence in families with a child being addicted.

2.3 Impact of addiction on the child

Adolescents and other young adults who use drugs and alcohol often take risks that endanger their health and the health of others. One of the most harmful risks is that of engaging in risky sexual activities. Scientific research has demonstrated that the use of alcohol and drugs is related to the occurrence of unsafe sexual behavior that places adolescents at risk for pregnancy or contracting sexually deadly

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consequences of HIV/AIDS, and that they are potential targets for infection transmitted diseases (STDs), such as HIV/AIDS.

More on Infectious Diseases & Drug Abuse

Principles of HIV Prevention in Drug-Using Populations: A Research Based Guide - This Guide provides the basic overarching principles that characterize effective HIV/AIDS prevention in drug users. The NIDA Community-Based Outreach Model: A Manual to Reduce the Risk of HIV and Other Blood-Borne Infections in Drug Users Social Networks, Drug Abuse, and HIV Infection - Brings together research in areas of drug treatment and prevention. Offers a theoretical and methodological alternative to traditional behavioral epidemiology based on individual drug users by applying network analysis to the problems of drug abuse and HIV infection.

Hepatitis C - Community Drug Alert Bulletin: Approximately 4 million Americans have been infected with the hepatitis C virus (HCV). And epidemiologic studies show that HCV is now endemic among injection drug users.

Genetics an Drug Addiction

The disease of addiction is clearly one that is influenced by genetics. Some people become addicted much more readily than others and that is not only a sign of possible emotional dependencies but also physiological ones. In the case of cocaine, it acts by inhibiting the DAT protein which removes feel-good dopamine from our system. When the DAT protein is inhibited, cocaine users feel high from the extra dopamine. People with two copies of a specific variant of the DAT1 gene that encodes DAT have a 50% higher chance of becoming addicted to cocaine.

3. Relevant Researches

Preedhakit Chuatrisorn (40) investigated factors related to amphetamine abuse of female juveniles detained in 4 training schools of the Central Observation and Protection Central Juvenile and Family Court. Information collected by

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questionnaires. It was found that most of the subjects were physically punished by the parents, blamed, controlled and neglected.

Ratchaneeporn (10) studied the prevalence of child abuse and related factors taking into the account family caregivers, the family as such, and the role of the children, and looked into the health consequences of drug abuse. 350 secondary school students of 7th-9th grade within Bangkok Metropolis. Participants were selected by a multistage random sampling method. Information were collected from 14th to 28th September 2002 by a questionnaire, which assessed characteristics of children and family caregivers, family type family relationship, family crisis, and the children's physical and, emotional condition. Neglection, abuse; and the physical, psychological, and behavioral health consequences in the abused children were determined. The results revealed that 88.0 percent of the children were abused by their family caregivers. The most common form of physical abuse by family caregivers was spanking with the bare hand and hitting with a fist. The most common form of emotional abuse was scolding with rude language, and not to provide necessary food, or lack of appropriate supervision. As physical consequences of the abuse had been minor injuries. Regarding psychological consequences, the most reported emotional complaint was sadness, and the lowest mean score item in child self-esteem was to be unpopular in the class. Regarding behavioral consequences 34.7 percent of abused children drank alcohol and 19.5 percent of them experienced substance use. Child abuses were significantly associated with factors related to family caregiver's occupation, low educational level, distorted marital status, alcohol consumption, and gambling. Significant factors correlated to child abuse included family relationship and family crisis.

Warangkana Thamma (41) examined cases of domestic violence involving children and juveniles in the Juvenile Observation and Protection Center of the Nakhonratchasima province, while investigating the relationship between social background factors, and social psychological factors with domestic violence. Two hundred and thirty-five children participated in the study.

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From the above literature review it can be concluded that there are numerous factors related to child addiction. For this study emphasis will be given to those variables, which best reflect the addicted child in the context of her or his family. The variables selected from the child will be gender, age, education level, age onset used of drugs abuse, the type of drug and substance, as well as self-esteem and child abuse perception. From the guardian's occupation, marital status, alcohol consumption, gambling, drug and substance abuse and family relationship will be determined.

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CHAPTER III
MATERIALS AND METHODS

This chapter describes the methodology used for this study, that are research design, sampling procedures involving data collection, application of instruments, and statistics used for data analysis.

1. Research Design

For this investigation is a cross-sectional study design has been chosen.

1.1 Sample size

The number of samples to be included in this study is selected in order to be statistically the target population. The method programmed by Taro Yamane (42) was employed for calculating the sample size as follows.

$$n = \frac{N}{1 + Ne^2}$$

When n = Size of the sample

N = the number of population unit

e = the standard deviation 0.05 significant

At the population of 6,542 (43) and deviation size 0.05, the size of sample (n) was calculated as

$$n = \frac{6{,}542}{1+ 6{,}542(0.05)^2}$$

$$n_p = 408$$

Accordingly, the total number of subject in this study is at least 408.

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1.2 Population and sample

Population: 428 juvenile of offender in the Ban Karuna Juvenile Vocation Training Centre for Boys, Ban Pranee Juvenile Vocation Training Centre for Girls, Phra Na Korn Sri Ayudhaya Vocation Training Centre and Regional Vocational Training Centre (1) Rayong Province. This study used random sampling technique.

2. Research Instruments

Data collected for this research was conducted by using structured questionnaire. The questionnaire was divided into 4 sections.

Section 1 Child characteristics

General information of child addict includes age, gender, and education level, as well as age onset and type of drug and substance.

Section 2 Family relationships

The questionnaires assess the family relationships on the study of Yupa Boonkern (44).The questionnaire included 13 items, of which 9 were positively and 4 negatively termed. Only one choice could be selected from the 3 point scale. The scoring scheme was as follows,

Score	**Positive questions**	**Negative questions**
2	frequently	never
1	sometime	sometime
0	never	frequently

The score of 13 questions were summarized and categorized into 3 levels as follows:

High	means	scores> $\overline{X}$ +0.5SD
Moderate	means	scores> $\overline{X}$ +0.5SD
Low	means	scores> $\overline{X}$ +0.5SD

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Section 3 Child self- esteem

Self-esteem was assessed by the Department of Mental Health, Ministy of Public Health Self- Esteem Inventory (45). There were 10 items, with 4 positively and 6 negatively termed questions. Only one choice could be selected from the 3- point scale. The scoring scheme was as follows:

Score	**Positive questions**	**Negative questions**
2	frequently	never
1	sometime	sometime
0	never	frequently

The scores were summarized and categorized into 3 levels as follows:

High	means	scores> $\overline{X}$ + 0.5SD
Moderate	means	scores> $\overline{X}$ + 0.5SD
Low	means	scores> $\overline{X}$ + 0.5SD

Section 4 Perception of abuse

The questionnaire used to assess child abuse included 7 items, only one choice could be selected from the 3 point scale. The scoring scheme was as follows:

Score	**Perception level**
1	no
2	not sure
3	yes

The scores were summarized and categorized into 3 levels as follows:

High	means	scores> $\overline{X}$ + 0.5SD
Moderate	means	scores> $\overline{X}$ + 0.5SD
Low	means	scores> $\overline{X}$ + 0.5SD

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Section 5 Physical, emotional, sexual abuse as well as neglect

Question related to the child abuse developed by the researcher based on Daorueang K. (46). To measure physical, emotional abuse, sexual abuse and neglect.45 items questionnaire comprise of 15 physical abuses, 11 emotional abuses, 10 sexual abuse and 11 neglect items was used. Question related on four scales and only one choice could be selected. The scoring scheme was as follows,

Scores	**Acts**
4	Regular
3	Often
2	Sometime
1	Seldom
0	Never

The scores were summarized and categorized into 3 levels as follows:

High	means	scores> $\overline{X}$ + 0.5SD
Moderate	means	scores> $\overline{X}$ + 0.5SD
Low	means	scores> $\overline{X}$ + 0.5SD

3. Data Collections

3.1 The researcher directly contacted The Juveniles Observation and Protection Center of Bangkok province and asked for permission to conduct the study. An official letter, asking for co-operation in collection the information needed, was submitted to the directors of participating Juveniles Observation and Protection Centers of Bangkok the provinces by the Faculty of Graduate Studies, Mahidol University.

3.2 The investigator herself and 3 trained research assistants collected the information from the child addicts in Medta Demand Home. Approximately 30 minutes were used to explain each item in the questionnaire to the child addicts.

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4. Data Analysis

After checking for the completeness of the questionnaires, the data were encoded and processed for statistical analysis by using a computer software program. In this study data analyses were performed as follows:

4.1 Descriptive statistics: Demographic and other characteristics of child addicts were described by using percentages, means, standard deviations, minimum and maximum values.

4.2 Analytical statistics were done in order to compare factors related to the child, the family and the characteristics of violence in the family by using a t-test.

4.3 Analytical statistics for comparing child factors, family factors and the characteristics of violence in the family were analyzed by using the Pearson's Product Moment Correlation Coefficient.

Statistically significant differences were assumed on a level of $p > 0.05$.

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CHAPTER IV
RESULTS

The purpose of this research was to examine the relationship between child factors, family factors with physical abuse, emotional abuse, sexual abuse and neglect. The target populations for this study were offender of drug addiction in Juvenile Vocational Training Centers.

The 428 offenders (361 of male and 67 of female), were derived from four institutes including 60 individuals from the Regional Juvenile Vocational Training Centre (1), Rayong Province, 240 from the Ban Karuna Juvenile Vocational Training Centre for Boys, 60 from the Ban Pranee Juvenile Vocational Training Centre for Grils, and 68 from the Phra Na Korn Sri Ayudhaya Vocational Training Centre .

The results of the investigation are presented in 2 parts as follows:

1. General characteristics of the individuals under study.
2. Analysis and comparison of the differences and relations among the variables tested.

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1. General Characteristics of the Samples

Table 1 General characteristics of the subjects (n=428)

Child characteristics	Number	Percentage
Gender		
Male	361	84.3
Female	67	15.7
Child age		
< 14 years	15	3.6
15 - 20 years	405	94.6
> 20 years	8	1.8
Mean= 17.38 S.D.=1.54	Min =12 Max =24	
Education Level		
No formal education	5	1.2
Primary school	183	42.8
Secondary school	199	46.5
High school	31	7.24
Diploma	10	2.35

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Table 2 Age onset of drugs use and type of drug and substance (n=428)

Child characteristics	Number	Percentage
Age onset of drugs use		
6 years	1	0.2
8 years	4	0.9
9 years	2	0.5
10 years	17	4.0
11 years	17	4.0
12 years	44	10.3
13 years	53	12.4
14 years	55	12.9
15 years	120	28.0
16 years	76	17.8
17 years	29	6.8
18 years	7	1.6
19 years	1	0.2
20 years	2	0.5
Mean=1.97 S.D.=0.35		
Type of drugs and substance		
1. Alcohol	39	9.1
2. Cigarette	14	3.3
3. Marijuana.	69	15.7
4. Heroin	46	10.7
5. Amphetamine	209	48.8
6. Inhalant	37	8.7
7. Other	15	3.5

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Table 3 Level of self- esteem, perception and family relationship in children of addicts

Child characteristics	Number	Percentage
Self-esteem		
Low (<1.70)	94	22.0
Moderate(1.71-2.36)	201	47.0
High(>2.35)	133	31.1
Mean=2.02 S.D.=0.27		
Perception of abuse		
Low (<1.70)	93	21.7
Moderate(1.71-2.33)	256	59.8
High(>2.34)	79	18.5
Mean=1.97 S.D.=0.35		
Family relationship		
Low (<1.69)	129	30.1
Moderate(1.69-2.33)	237	55.4
High(>2.33)	62	14.5
Mean=1.84 S.D.=0.65		

Data analysis showed that among the subjects investigated more male than female had been studied (84.3% VS 15.7%).The mean age of the subjects had been 17.38 years with a standard deviation of 1.54. The largest group contained the 15-20 years olds (94.6%).The main education level obtained by the subjects was secondary school. Age onset of drugs use ranged from 6 years (0.2%) to 19 years. Most of subjects used drug at the first time when the were 15 years old (28.0%). The substances, used most had been amphetamine (48.8%). The average score of child self-esteem was 2.02 (S.D. = 0.27). The majority of children (47.0%) had a moderate level of child abuse esteem. The mean score of child abuse perception was 1.97 (S.D. = 0.35). Most of the subject studied had a moderate level of child abuse perception (59.8%). The mean score of family relationships was 1.69 (S.D. = 0.65). Most of the subject studied had a moderate level of family relationships (55.4%).

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Table 4 Marital status and occupation income, alcohol use, gambling, drugs and substance use of guardians (n=428)

Families characteristics	Number	Percentage
Marital status		
Married	196	45.8
Mother and father dead	18	4.2
Father dead	52	12.1
Mother dead	20	4.7
Divorced / Separated	142	33.2
Occupation		
Unemployment	17	4
Employed	235	54.9
Merchant / Business	91	21.3
Government/	29	6.8
State enterprise Agriculturist	25	5.8
Other	31	7.2
Income		
Low(<10,000 baths/month)	200	71.7
Moderate(10,000-30,000 baths/month)	47	16.8
High(>30,000 baths/month	32	11.5
Alcohol use		
Never	145	33.9
Drinking	283	66
Gambling		
Never	273	63.8
Gambling	155	36.2
Drugs and substance use		
Never		
Using	213	49.8
	215	50.2

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Most the guardians were either married (45.8%) or separate (33.2%). The majority of guardians were employed (54.9%). Only 4 percent of the guardians were unemployed. The average income of the guardians was low with an income of <10,000baths/month (71.1%). Most of the guardians admitted to consume alcohol (66%) and other substances (50.2%) but the majority of them did not gamble (63.8%).

Table 5 Level of physical abuse in children of addicts (n=428)

Methods of physical abused	N	M	Std. Deviation	Level
1.Throw objects on	428	1.76	.84	Medium
2.Push snap, swing	428	1.73	.87	Medium
3.Pull hair	428	1.61	.79	Medium
4.Slapping on face	428	1.70	.85	Medium
5.Slapping head	428	1.96	.97	High
6.Kicking or boxing	428	1.72	.93	Medium
7.Hitting with a rod or belt	428	1.82	.85	High
8.Beating head or body on the floor or wall	428	1.20	.57	Medium
9.Cigarette burning or threaten on skin	428	1.17	.53	Medium
10.Burn with hot water	428	1.13	.49	Medium
11.Burning with iron	428	1.06	.40	Low
12.Tramping	428	1.39	.71	Medium
13.Harm with knife	428	1.24	.63	Medium
14.Threatening with gut	428	1.16	.53	Medium
15.Physical restraint	428	1.17	.55	Medium

The average scores of physical abuse of the children investigated ranged from 1.104 - 1.804. Physical abuse were classified into 3 groups as high (>1.804), medium (1.104-1.804) and low (<1.104). The two topmost methods as physical abuse were slapping the head and hitting with a rod or belt (Table 5).

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Table 6 Level of emotional abuse in children of addicts (N=428)

Methods of emotional abuse	N	M	Std. Deviation	Level
1.Scold rude offensive	428	2.06	1.00	High
2.Yell intimidate	428	2.20	1.00	High
3.Call as animal	428	2.02	.98	Medium
4.Insult saying animals are even better	428	1.86	1.06	Medium
5.Blame causing trouble	428	1.89	1.02	Medium
6.Blame to be bad	428	1.91	1.07	Medium
7.Confining in room	428	1.40	.79	Medium
8.Punish around without reason	428	1.46	.84	Medium
9.Didn't allow child to stay close	428	1.55	.92	Medium
10.Quite not addressing the child	428	1.61	.91	Medium
11.Indirect verbal assaulting	428	1.16	.60	Low

The average scores from emotional abuse ranged from 1.32 - 2.05 Emotional abuse were classified in 3 groups as high (>2.05), medium (1.32 - 2.05) and low (<1.32). The two topmost methods were to yell intimidate and scold rude offensive (Table 6).

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Table 7 Level of sexual abuse in children of addicts (N=428)

Methods of sexual abuse	N	M	Std. Deviation	Level
1.Ever have be stolen a look	428	1.25	.74	Medium
2.Had been persuaded to see obscene pictures	428	1.64	.77	Medium
3.Ever have been taken liberties with	428	1.87	1.11	High
4.Had been persuaded to take off cloths	428	1.23	.70	Medium
5.Had been touched on sexual organ	428	1.64	1.07	Medium
6.Persuade to do/deceive sexual acts	428	1.12	.50	Low
7.Had been forced into sexual acts	428	1.09	.43	Low
8.Had been persuade sexual intercourse	428	1.59	1.25	Medium
9.Attempted rape	428	1.29	.93	Medium
10.Raped	428	1.25	.85	Medium

The average scores for sexual abuse was in the range of 1.18 - 1.86. Sexual abuse was classified by 3 groups as high (>1.86), medium (1.18 - 1.86) and low (<1.18). The one topmost method for sexual abuse was to have been taken liberties (Table 7).

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Table 8 Level of neglect in children of addicts (n=428)

Methods of neglect	N	M	Std. Deviation	Level
1.Forced to stay home alone	428	2.55	1.23	High
2.Didn’t attend health	428	1.49	.97	Medium
3.Didn’t ask about learning in school	428	3.45	1.29	High
4.Didn’t give money when you went to school	428	1.37	.85	Low
5.Failure to provide educational	428	1.27	.81	Low
6.Didn’t help with homework	428	1.64	1.05	Medium
7.Didn’t ask / talk to you	428	3.15	1.45	High
8.Sent to live with other people	428	1.61	.93	Medium
9.Guardians didn't come home	428	1.65	1.02	Medium
10.Didn't provide food	428	1.56	1.00	Medium
11.Non provision of money	428	1.33	.99	Low

The average scores of the neglect of the subject investigated was ranged from 1.38 to 2.44. Neglect was classified into 3 groups as high (>2.44), medium (1.38 - 2.44) and low (<1.38). The three topmost methods were neglect were to force to stay at home alone, didn’t ask about learning and didn’t ask / talk to you (Table 8).

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Table 9 Summary table for characteristics of domestic violence (n=428)

Child abuse	Number	Percentage
Physical abuse		
Low (< 1.25)	150	35.0
Medium(1.25-1.66)	173	40.4
High(>1.66)	105	24.5
Emotional abuse		
Low (< 1.49)	144	33.6
Medium(1.49-2.08)	172	40.2
High(>2.08)	112	26.2
Sexual abuse		
Low (< 1.13)	170	39.7
Medium(1.13-1.65)	163	38.1
High(>1.65)	95	22.2
Neglect		
Low (< 1.65)	154	36.0
Medium(1.65-2.2)	175	40.9
High(>2.2)	99	23.1

The total numbers of subjects were 482 children. Most of those were neglect 40.9% in medium, physical abuse 40.4% in medium level, emotional abuse 40.2% in medium level and sexual abuse 39.7 % in low level (Table 9).

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2. Analysis and Comparison of Variables Factor Relate to Characteristic of Domestic Violence

Table 10 Comparison of domestic violence by gender

Gender	Number	Mean	S.D.	t	df	p-valve
Physical abuse						
Male	361	1.89	.77	.166	426	.868
Female	67	1.88	.73			
Emotional abuse						
Male	361	1.80	.60	1.38	426	.168
Female	67	1.69	.580			
Sexual abuse						
Male	361	1.82	.79	3.01	426	.003**
Female	67	1.51	.68			
Neglect						
Male	361	1.89	.76	1.29	426	.196
Female	67	1.76	.74			

** Significant at p-value < 0.01

Male were abuse more than female. Testing for differences in mean scores of sexual abuse revealed that the mean scores was significantly higher for males than for female (t-value=3.10, p-value=.003) (Table 10).

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Table 11 Multiple comparisons educational level of the children

Education level	Number	Mean	SD	F	df	p-value
Physical abuse						
No formal education	5	1.40	.65			
Primary school	183	1.55	.58			
Secondary school	199	1.40	.51	2.059	427	.058
High school	21	1.42	.36			
Diploma	20	1.37	.42			
Emotional abuse						
No formal education	5	1.90	.41			
Primary school	183	1.97	.66			
Secondary school	199	1.81	.55	2.346	427	.05*
High school	21	1.69	.53			
Diploma	20	1.90	.47			
Sexual abuse						
No formal education	5	1.50	1.11			
Primary school	183	1.25	.67			
Secondary school	199	1.23	.63	.309	427	.872
High school	21	1.16	.53			
Diploma	20	1.27	.57			
Neglect						
No formal education	5	1.90	.54			
Primary school	183	1.94	.90			
Secondary school	199	1.91	.83	.598	427	.664
High school	21	2.21	.95			
Diploma	20	1.87	.72			

* Significant at p-value < 0.05

Children of addicts with secondary school education had the highest mean score of abuse in comparison with other educational groups. A one-way ANOVA

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showed a statistically significant difference between educational level and emotional abuse (F=2.346, p-value=.05) (Table 11).

Table 12 Correlation coefficient (r) between the age onset of drugs use , and self esteem in children of addicts

Variables	Correlation coefficient(r)	p-value
Age onset of drugs use		
Physical abuse		
Emotional abuse	.017	.728
Sexual abuse	.154	.001**
Neglect	.020	.678
Self-esteem	.114	.018**
Physical abuse		
Emotional abuse	.029	.552
Sexual abuse	.044	.369
Neglect	.001	.985
	.121	.012**

* Significant at p-value < 0.05, **Significant at p-value < 0.01,
***Significant at p-value< 0.001

The correlation of the Pearson's Product Moment Correlation coefficient was applied to analyze the relationship between child abuse and age of drugs use, and self-esteem.

The negative correlation coefficient between age of drugs use and physical abuse of children was statistically significant (r=.017, p-value=.728). A negative correlation indicates that age of drugs use correlated negatively with physical abuse.

The positive correlation coefficient between age of drugs use and emotional abuse of child was statistically significant (r=.154, p-value=.001). A positive correlation indicates that age of drugs use correlated positively with emotional abuse.

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The negative correlation coefficient between age of drugs use and sexual abuse of child was statistically significant (r=.020, p-value=.678). The negative correlation indicates that age of drugs use correlated positively with sexual abuse.

The positive correlation coefficient between age of drugs use drug and the neglect of the child was statistically significant (r=.114, p-value=.018). The positive correlation indicates that age of drugs use correlated positively with the neglect of the child.

The negative correlation coefficient between the self-esteem and physical abuse of children was statistically significant (r=.029, p-value=.552).

The negative correlation coefficient between the self-esteem and emotion abuse of children was statistically significant (r=.044, p-value=.369).

The negative correlation coefficient between the self-esteem and sexual abuse of children was statistically significant (r=-.001, p-value=.985).

The positive correlation coefficient between the self-esteem and neglect of children was statistically significant (r=-.121, p-value=.012*)

Table 13 The relation between child physical abuse and type of drugs and substance

Level of Physical abuse	Type of substance							χ^2	p-value
	Alc	Ciga	Mari	Hero	Amphe	Inha	.>1 Types		
Low	15 (38.5%)	0 (0.0%)	19 (28.4%)	18 (39.1%)	84 (40.2%)	9 (24.3%)	4 (26.7%)	23.699	.022
Medium	15 (38.5%)	6 (42.9.%)	29 (43.3%)	14 (30.4%)	81 (38.8%)	22 (59.5%)	6 (40.0%)		
High	9 (23.1%)	8 (57.1%)	19 (38.5%)	14 (38.5%)	44 (38.5%)	6 (38.5%)	5 (38.5%)		

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The positive correlation coefficient between the type of drugs and physical abuse of the children was statistically significant (χ^2 = 23.699, p-value= .022*).

Table 14 The relation between child emotional abuse and type of drugs and substance

Level of emotion abuse	Type of substance							χ^2	p-value
	Alc	Ciga	Mari	Hero	Amphe	Inha	>1 Types		
Low	13 (33.3%)	2 (14.3%)	19 (28.4%)	14 (30.4%)	92 (44.0%)	8 (21.6%)	5 (33.3%)	28.972	.004
Medium	15 (38.5%)	6 (42.9.%)	22 (32.8%)	16 (34.8%)	84 (40.2%)	4 (26.7%)	6 (40.0%)		
High	11 (28.2%)	6 (42.9%)	26 (38.8%)	16 (34.8%)	33 (15.8%)	11 (29.7%)	6 (40.0%)		

The positive correlation coefficient between the type of drugs and emotion abuse of the children was statistically significant (χ^2 = 28.972, p-value= .004**).

Table 15 The relation between child sexual abuse and type of drugs and substance

Level of emotion abuse	Type of substance							χ^2	p-value
	Alc	Ciga	Mari	Hero	Amphe	Inha	>1 Types		
Low	18 (46.2%)	4 (28.6%)	31 (46.3%)	14 (30.4%)	104 (49.8 %)	15 (40.5%)	6 (40.0%)	19.381	.080
Medium	11 (28.2%)	2 (14.3.%)	21 (31.3%)	20 (43.5%)	69 (33.0%)	13 (35.1%)	4 (26.7%)		
High	10 (25.6%)	8 (57.1%)	15 (22.4%)	12 (26.1%)	36 (17.2%)	9 (24.3%)	5 (33.3%)		

The negative correlation coefficient between the type of drugs and sexual abuse of children was statistically significant (χ^2 = 19.381, p-value= .080).

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Table 16 The relation between neglect and type of drugs and substance

Level of Neglect	Type of substance							χ^2	p-value
	Alc	Ciga	Mari	Hero	Amphe	Inha	>1 Types		
Low	13 (33.3%)	4 (28.6%)	23 (34.3%)	16 (34.8%)	82 (39.2%)	11 (29.7%)	4 (26.7%)	16.181	.183
Medium	19 (48.7%)	5 (35.7.%)	21 (31.1%)	15 (32.6%)	87 (41.6%)	19 (51.4%)	9 (60.0%)		
High	7 (17.9.%)	5 (35.7%)	23 (34.3%)	15 (32.6%)	40 (19.1%)	7 (18.9%)	2 (13.3%)		

The negative correlation coefficient between the type of drugs and neglect of children was statistically significant. (χ^2 = 16.181, p-value= .183).

Table 17 The relation between perception of abuse and physical abuse

Level of child perception	Level of child physical abuse			χ^2	p-value
	Low	Medium	High		
Low	27 (31.1%)	39 (45.3%)	20 (23.3%)	11.928	.013*
Medium	48 (21.0%)	84 (36.7%)	97 (42.4%)		
High	30 (26.5%)	50 (44.2%)	33 (29.2%)		

* Significant at p-value < 0.05, **Significant at p-value < 0.01,
***Significant at p-value< 0.001

Form table 17 it can be concluded that children being physically abused fall in the group of the highest score (45.3%) but the perception of children about the abuse was mainly in the medium .and low level score (χ^2 = 11.928, p-value= .013*).

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Table 18 The relation between perception of abuse and emotional abuse

Level of child perception	Level of child emotional abuse			χ^2	p-value
	Low	Medium	High		
Low	26 (30.2%)	40 (46.5%)	20 (23.3%)	26.086	.000***
Medium	41 (17.9%)	84 (36.7%)	104 (45.4%)		
High	42 (37.2%)	41 (36.3%)	30 (26.5%)		

***Significant at p-value< 0.001

The majority of the children exposed to emotional abuse (46.5%) were abused on a medium level and their perception on this ranked on a low level. The analysis of the relationship of variables related to emotional abuse and child perception show that they there was a significantly relation (χ^2 = 26.086, p-value= .000***).

Table 19 The relation between perception of abuse and sexual abuse

Level of child perception	Level of child sexual abuse			χ^2	p-value
	Low	Medium	High		
Low	27 (23.9%)	35 (31.0%)	51 (45.1%)	6.772	.148
Medium	44 (19.2%)	72 (31.4%)	113 (49.3%)		
High	24 (27.9%)	33 (38.4%)	29 (33.7%)		

***Significant at p-value< 0.001

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The majority of children being sexual abused suffered from this on a medium level (49.3%) and the perception of this also was on a medium level mainly. The analysis of variables related to child emotional abuse and perception of the children show that they were not significant relationship (χ^2 = 6.772, p-value= .148) (Table 19).

Table 20 The relationship between perception of abuse and child neglect

Level of child perception	**Level of child neglect**			χ^2	**p-value**
	Low	**Medium**	**High**		
Low	31 (36%)	33 (38.4%)	51 (45.1%)	14.117	.007**
Medium	38 (16.6%)	102 (44.5%)	60 (23.9%)		
High	34 (30.1%)	40 (35.4%)	39 (34.5%)		

***Significant at p-value< 0.001

The majority of children being neglected suffered from this on a (49.3%) on a medium level (44.5%) and the perception of this also was on a medium level mainly. The analysis of the relationship of the variables tested proofed to be statistically significant (χ^2 = 14.117, p-value= .007**)

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Table 21 Correlation coefficient (r) between family relationship, alcohol use, gambling, drugs and substance use by parental

Variables	Correlation coefficient(r)	p-value
Family relationship		
Physical abuse	.052	.287
Emotional abuse	.125	.010*
Sexual abuse	.052	.285
Neglect	.035	.469
Alcohol use		
Physical abuse	-.078	.106
Emotional abuse	.171	.000***
Sexual abuse	.129	.008**
Neglect	.067	.169
Gambling		
Physical abuse	.075	.122
Emotional abuse	.098	.044*
Sexual abuse	-.167	.001**
Neglect	.110	.023*
Drugs and substance use		
Physical abuse	.117	.016*
Emotional abuse	.232	.000***
Sexual abuse	.122.	.012*
Neglect	-.078	.105

* Significant at p-value < 0.05, **Significant at p-value < 0.01,

***Significant at p-value< 0.001

The correlation of Pearson's Product Moment Correlation coefficient was applied to analyze the relationship between child abuse and family relationship, alcohol consumption, gambling, substance use. The results were as follows:

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A negative correlation coefficient between family relation and physical abuse of children was statistically not significant (r=.052, p-value=.287).

A positive correlation coefficient between family relation and emotional abuse of children was statistically not significant (r=.125, p-value=.010**).

A negative correlation coefficient between family relation and sexual abuse of children was statistically not significant (r=.052, p-value=.285).

A negative correlation coefficient between family relation and neglect of children was statistically not significant (r=.035, p-value=.469).

The correlation coefficient between alcohol use and physical abuse was not statistically not significant (r=-.078, p-value=.106).

The correlation coefficient between alcohol use and emotional abuse was statistically significant (r=.171, p-value=.000***).

The correlation coefficient between alcohol use and sexual abuse was statistically significant (r=129, p-value=.008**).

The correlation coefficient between alcohol use and neglect was not statistically not significant (r=-.067, p-value=.169).

The negative correlation coefficient between gambling and physical abuse of children was not statistically significant (r=.075, p-value=.122).

The positive correlation coefficient between gambling and emotional abuse of children was statistically significant (r=.098, p-value=.044*).

The negative correlation coefficient between gambling and sexual abuse of children was statistically significant (r=-.167, p-value=.001**).

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The positive correlation coefficient between gambling and neglect of child was statistically significant (r=.110, p-value=.023*).

The correlation coefficient between substance use and physical abuse was statistically significant (r=117, p-value=.016*).

The correlation coefficient between substance use and emotional abuse was statistically significant (r=232, p-value=.000***).

The correlation coefficient between substance use and sexual abuse was statistically significant (r=122, p-value=.012*).

The correlation coefficient between substance use and neglect was not statistically significant (r=-.-078, p-value=.105).

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Table 22 Summery of the factors associated with children of addicts

Factor	Statistics	p-value	Hypothesis testing
1. Child factor			
Gender			
Physical abuse	t-test	.868	Reject
Emotional abuse	t-test	.168	Reject
Sexual abuse	t-test	.003**	Accept
Neglect	t-test	.196	Reject
Education			
Physical abuse	One-way ANOVA	.058	Reject
Emotional abuse	One-way ANOVA	.050*	Accept
Sexual abuse	One-way ANOVA	.872	Reject
Neglect	One-way ANOVA	.664	Reject
Age onset of drugs use			
Physical abuse	Correlation	.728	Reject
Emotional abuse	Correlation	.001**	Accept
Sexual abuse	Correlation	.678	Reject
Neglect	Correlation	.018*	Accept
Type of drug			
Physical abuse	Chi-squal	.004**	Accept
Emotional abuse	Chi-squal	.022*	Accept
Sexual abuse	Chi-squal	.457	Reject
Neglect	Chi-squal	.067	Reject
Self-esteem			
Physical abuse	Correlation	.552	Reject
Emotional abuse	Correlation	.369	Reject
Sexual abuse	Correlation	.985	Reject
Neglect	Correlation	.012*	Accept

* Significant at p-value < 0.05, **Significant at p-value < 0.01,

***Significant at p-value< 0.001

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Table 22 Summery of the factors associated with children of addicts (Continued)

Factor	Statistics	p-value	Hypothesis testing
1.Child factor			
Perception of abuse			
Physical abuse	Chi-squal	.013*	Accept
Emotional abuse	Chi-squal	.000***	Accept
Sexual abuse	Chi-squal	.148	Reject
Neglect	Chi-squal	.007**	Accept
2.Guardian factor			
Family relationships			
Physical abuse	Correlation	.287	Reject
Emotional abuse	Correlation	.010**	Accept
Sexual abuse	Correlation	.285	Reject
Neglect	Correlation	.469	Reject
Alcohol use			
Physical abuse	Correlation	.106	Reject
Emotional abuse	Correlation	.000***	Accept
Sexual abuse	Correlation	.008**	Accept
Neglect	Correlation	.169	Reject
Gambling			
Physical abuse	Correlation	.122	Reject
Emotional abuse	Correlation	.044*	Accept
Sexual abuse	Correlation	.001**	Accept
Neglect	Correlation	.023.	Accept
Drug and substance abuse			
Physical abuse	Correlation	.016*	Accept
Emotional abuse	Correlation	.000***	Accept
Sexual abuse	Correlation	.012*	Accept
Neglect	Correlation	.105	Reject

* Significant at p-value < 0.05, **Significant at p-value < 0.01,

***Significant at p-value< 0.001

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CHAPTER V
DISCUSSION

In this chapter, the discussion of finding is divided into two parts: Discussion of research methodology, and past2: Discussion of research findings.

1. Discussion of Research Methodology

1.1 Research design: The present study was a cross-sectional survey which aimed at investigating characteristic of domestic violence, and all related factors with children of addicts.

The cross-sectional design was generally used to gather initial or basic information of a population and describe the relationship between different factors. For this reason, it was chosen for this study because it could explain the relationship among different variables in attempting to answer the research questions.

Sample: The subjects were 428 Juvenile Vocational Training Centers during 20th March-20th April 2006

1.2 Variables studied

There are many factors or variables indicating child abuse but due to limited research funds and time, the investigator investigate only those factors related to the family in which the violence took place such as gender; education; occupation; income; marital status of parents; alcohol consumption; gambling; using of drug substance; cause of using drug substance; type of drug; first age of drug using; physical abuse; emotional abuse; sexual abuse and neglecting.

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1.3 Research instrument: In this study, a self- administered questionnaire consisting 4 pasts was used. It was composed of child characteristics, family relationships, child Self- Esteem, and the child abuse.

The questionnaire was validated for content validity by three experts and pilot tested with 30 Juvenile offenders for their reliability. It was found that all questionnaires were highly reliable for this group of subjects.

The reliability of the questionnaire had been assessed as follows:

Physical abuse	=	.8543
Emotional abuse	=	.8565
Sexual abuse	=	.7996
Neglecting	=	.6689
Self-esteem	=	.6853
Family relationship	=	.7141
Perception of abuse	=	.7894

The average reliability of the questionnaire is .7668; the reliability standard of the research tool is 0.70.

The questionnaires tool about 30 minutes to complete. The items were arranged in a rating scale.

1.4 Data collection

The researchers submitted an official letter from the Faculty of Graduate Students, Mahidol University to the directors of The Juveniles Observation and Protection Center, Bangkok, asking for the permission and co-operation to collect the data. The researcher explained to the offenders how to answer the questionnaires and gave the subjects opportunity to ask questions to clarify their understanding to ensure the accuracy of the responses. This part of the data was collected by salt-administration questionnaires. The subjects were 428 juvenile offenders; 361 of them are male and 67 are female; 60 persons are derived from the Regional Juvenile

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Vocational Training Centre (1), of the Rayong Province; 240 persons are derived from Ban Karuna Juvenile Vocational Training Centre for Boys; 60 persons are from Pranee Juvenile Vocational Training Centre for Girls and 68 persons are from the Phra Na Khon Sri Ayudhaya Training Centre. The questionnaire had to be done before they had daily activities. Some of them could not read, and the research assistants had to read the questionnaire for them and the respondents did answer.

1.5 Data analysis: Mean and standard deviation were calculated to explain the descriptive characteristics of children of addicts. T-test and One Way ANOVA was used to compare the mean between groups. Chi-square and Pearson's product moment correlation coefficient were used to analyze the relationship between the study variables.

2. Discussion of Research Findings

General characteristic

The findings of this study are discussed in accordance with research objectives and hypotheses. From the population investigated 84.3% were abused. The majority of those being abused had been males and only 15.7% had been females. The disproportion between sexes probably is caused by the fact that three Juvenile Vocational Training Centers for Boys and only one from Juvenile Vocational Training Centre for Girls had been included into the study. The children violated the law by using drugs. 94.6% of them had been males, aged 15-20 years; 46.5% of them finished secondary school; and 28.0% of them were used Sunisa J (47) who found that most female juveniles used narcotics were 15-18 years of age and 0.2% of them used drugs already at an age of 6 years. Now, drugs are commonly found at the primary schools; students are eager to try them because they want to experience with forbidden things or follow the persuasion of friends. According to the result of this investigation 48.8% of highest the respondents to takes amphetamines. Because samples were child relate to drug offences.

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In this study, 47.0% of the respondents have a moderate level of self-esteem and this is in accordance to what Aranya Phajuy (48) found. They reported that male juveniles who are under drug substance treatment have a moderate level of self-esteem and 59.8% of them were addicted on a moderate level.

The result of this investigation show that 45.8% of the respondents live together with their parents; 33.2 % of the parents are divorced. Researches towards that broken family are one of the factors for children and juveniles to violate the law in using drugs. They recommended concentrating on the prevention of divorce. Similar information is derived from the investigation of Rosen (49), who found that the relationship between the divorce of parents and drug use of children and juveniles since he found no significant correlation. Nopporn P (50) found that most of the offenders being children and juveniles are from broken families. The results of Vicha Mahakun and Watcharin Pudgetvinyusakul (11) other investigations are that 66% of the family members of the drug addicted juveniles drink alcohol; 36.2% were gambling; and 50.2% also used drugs. The report of the law reformation commission of Australia reveals that the parents who consume alcohol or are addicted to drugs abuse spouses and children. The National Clearinghouse on Child Abuse and Neglect Information (51) found that 66% of children being abused are derived from the families that include members who drink alcohol; 75% of alcohol drinkers abused children sexually. The incident of child abuse by alcohol drinkers and those who are addicted to drugs seems to be on the increase also in Thailand.

2.1 The results of this research are related to the following objectives:

Objective 1: To determine the frequency of domestic violence in children of addicts.

The analysis showed that children addict were abused high level by their guardians and 40.9 percent of children addicted were neglect at a medium level, 40.4 percent of children addict were physical abused at a medium level; 40.2 percent; of children addicted were emotionally abused at a medium level, and 39.7 percent of children addicted were sexually abused at a low level (Table7). These findings of a

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high prevalence of child abuse is similar to the results of the study of Child Welfare Information Gateway(52) found that, 879,000 children were victims of maltreatment, neglect 63%, Physical 19% sexual 10% and psychological 8%. Daorueang K (45) stydy was aimed to determine the characteristics of child abuse and examine the correlation between three main types of abuse. Result showed that 87.1% of respondents were abused and most of a combination three forms of abuse, mainly physical, emotional abuse and neglecting 87.1%. Preechakit C. (53) studied female Juveniles in 4 training schools of the Central Observation and Protection of the Central Juvenile and Family Court. It was discovered that females addicted to amphetamine were formerly physically punished by the parents, blamed and neglected.

An explanation for the high prevalence of child abuse in this study might be that the definition of abuse applied is very wide. Only one sign of abuse already classified that particular subject as being abused. The cultural background in Thailand also might contribute to the high prevalence of abuse. In western countries, laws are enforced which let the guardians of children to observe the Rights of Children. In addition, lower prevalence of child abuse in western countries might be due to the fact that child abuse is made public because parents are brought to court, the rapid improvement of treatment when a child is abused, and the implementation of programs for prevention.

Objective 2: To determine the characteristics of domestics violence in children of addicts.

The main characteristic of physical abuse was slapping the head, hitting with a rod or belt (see Table 3). This finding is in agreement with a previous study conducted by Nitirat, P. (54), who reported that the most common forms of physical abuse were hitting with the fist, slapping by hands and spanking with a rod or belt. Emotional abuse was found with a high prevalence and on a high level in this study. The most common way was talking to the children with a rude or offensive language (see Table 6). Similarly, Auewattana, P. (55), and Daorueang, K. (46) reported that the most common from of emotional abuse was talking to the children with a rude or

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offensive language. Sexual abuse in this study was on a high level. The most common kind was taking verbal liberties (see Table 7). Indicators for child neglecting was not persuade the child to learn; not to talk to the child; and to let the child stay at home alone without an adult (see Table 8). Similarly, Nithirat, P. (54), and Daorueang, K. (46) found that leaving the children to stay at home alone was the most common form of neglecting. The reason for this probably is related to economic problems which are commonly found in middle- to low class families. Both parents have to work to earn enough money for their families, sometimes they have to work overtime. Furthermore, the parents can come home only late so that the children had to stay at home alone for quite some time until their parents arrive. These circumstances also don't allow the parents to have enough time to attend the children, persuade them to learn, talk to them, and guide the children in their development.

As far as the parents of the children and juveniles investigated in this study are concerned the majority of them were employed 54.9 % but with a low in come (< 10,000 bath/month) 71.7%. It could be possible that they are stressed from work and the economic burden, so they might have developed abusive behaviors towards their children.

Objective 3: To examine the relationship between domestic violence and children of addicts

Hypothesis 1: Gender is related to physical-, emotional-, and sexual abuse and neglecting children.

The result showed that the mean score of sexual abuse among gender was significantly difference of gender male and female (p-valve=.003). This is contrary to the findings of the study of Nitirut, P. (54) and Auewattana, P. (55) who found that gender was not significantly associated with child abuse. On the other hand Sariola & Uutela (56), and Kamonrut K (57), reported that in their studies there was a significant relationship of child abuse to gender. This might be explained by the fact that social stereotypes portray male as more durable and self-sufficient than female and that may

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lead guardians to assume that male need less supervision than female. Also, boys are expected to play more roughly than females and they may be seen as more capable of getting along with rough treatment from guardians (58).

The findings of this study were that boys are abused more than girls might also be due to the fact that more boys had been investigated than girls. The investigator studied juveniles from three Juvenile Vocational Training Centre for Boys; and only one female group from the Pranee Juvenile Vocational Training Centre for Girls. Therefore, the number of male juveniles is higher than females which make it more likely that the male gender has a relationship with the sex abuse.

Hypothesis 2: Education level is related to physical-, emotional- and sexual abuse as well as neglecting children.

This study also found that there was a statistically significant relationship of child addiction, the education level and emotional abuse (p-value =.05). Secondary education had a higher mean score of child abuse than other educational levels. This is not in confirmation with the studies of Petsuksiri P.(6);Nirirat,P.(54); Clongphayaban,B.(59) who found that the educational level has a negative association with violence. Physical and emotional development of children on secondary school level are undergoing big changes from being children in all aspects to be teenagers, who expose their feelings and opinions in a different way and who wants to try and gain new experiences. The parents usually are not very much in favor with the behavior and attitude of teenagers and the way they show off. Parents tend to hurt them verbally in that they blame them and advice them in front of other people.

Hypothesis 3: Age onset used of drug abuse is related to physical, emotional and sexual abuse and neglecting the child.

The result showed that the age onset used of drug abuse was positively and significantly related to emotional abuse and neglecting the child. Evidence of similar Nurco (60) subrequent studies of 250 male addicts from Baltimore and New York City

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,over an addiction career violent-crime rates for the first addiction period sample periods were significantly higher for combine addiction periods than for combine non addicts. The explanation might be that the child was hurt by a verbal rebuke of the parents or that the parents did not care for them much because they didn't like the teenagers behavior or were not interested about the feeling of the child; this caused the child to have emotional problems and the children did not know to whom they can turn so they consulted their friends having similar problems and already had been on drugs so they also decided to use drugs to solve their problems.

Hypothesis 4: Type of drug and substance is related to physical-, emotional-, and sexual abuse and neglecting the child.

The use of three common forms and combinations of drugs were studied in this investigation: amphetamine 48.8%, Marijuana 15.7%and heroin 10.7% The results indicate that the amphetamine was positively and significantly related to physical and emotional abuse only. Samilary, Benjaporn P (61) explained from research found that factor consumption alcohol influence for domestic violence Teenagers can be very emotional and sensitive. Children of domestic of violence need understanding and want to be accepted from their friends; they take amphetamine because they want to be accepted from their peers and be members of their group of friends.

Hypothesis 5: Self- esteem is related to physical-, emotional-, and sexual abuse and neglecting the child.

The results of this investigation show that neglecting the child positively and significantly is related to self-esteem. (r=.121, p-value=.012), but physical-, emotional-, and sexual abuse were negatively and significantly related to self-esteem. Bolger, Patterson, and Kupersmidt (62) found that heightened difficulties in peer relationship and self- esteem were associated with greater severe and chronic maltreatment. WHO (63) indicated that poor self-esteem was one of a health consequence of child abuse. The findings were not in agreement with the results published by Daorueang, K. (46) that physical and emotional abuse was negatively

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and significantly related to self-esteem. This can be explained in that the neglected child thinks he is not a good guy; nobody loves him; no one cares about him, so his self esteem decreases, he withdraw emotionally from his parents and start to use drugs.

Hypothesis 6: Perception of abuse is related to physical-, emotional-, and sexual abuse and neglecting.

A positive significant relationship of physical abuse of the child with the perception of the child about his abuse was found (p-value=.013). The relationship of emotional abuse and the child's abuse perception was also significantly related (p-value=.000) as well as a positive significant relation of physical abuse with neglecting the child (p-value=.007). Similar by the study of Kamonrut K (57) found that child abuse perception had a positive association with child abuse in students Prathomsuksa 5-6 in Bangkok metropolis. Most of the addicted children were physically and emotionally abused as well as neglected. Presently; the head of the family, mostly being the husband, works hard to earn a living and with the high competition in the globalization system, he is under pressure and stress; when he comes home he takes his anger out on his wife and children.

Hypothesis 7: Family relationship is related to physical-, emotional-, and sexual abuse and neglecting the child.

Family relationship were positively and significantly related to emotional abuse of the child (r=-.189, p-value=.000) and negatively correlated with physical-and sexual abuse and neglecting the child. This is in accordance with the findings of Suwat S (64), who found that the behavior of family members affect the conduct and attitude of children and adolescent within a family in such a way that violence in the family increases; rude verbal accusations are expressed often, members of the family quarrel often and they drink alcohol, use of narcotic and gambling. Nopporn P (49) conducted a study on the influence of the family and friends toward amphetamine use by juveniles. It was found that lack of love and care from the family caused the children to feel lonely. The bad relationship between the family members affects the child

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emotionally; the child cannot rely on the family; he gets closer to his friends and peers and finally tries to use drugs.

Hypothesis 8: Parental alcohol use is related to physical-, emotional-, and sexual abuse and neglecting the child.

A positive significant relationship of parental alcohol use and emotional- (r=.171, p-value=.000), and sexual abuse (r=.129, p-value=.008) was found. Also Kamonrut K (57) found that abuse of children were more frequent for guardians who heavy drunk alcohol than for guardians without an alcohol problem. This finding is support by the results from Campbell (15) who concluded that alcohol consumed on a high dose produce psychological and physiological changes that seem to increase the probability of aggression under certain conditions. Because alcohol has been reported to negatively affect cognitive processing abilities in normal subjects, it may exacerbate any cognitive deficits that exist in abusers (64).

Hypothesis 9: Parental gambling is related to physical-, emotional-, and sexual abuse and neglecting the child.

A positive significant relation of parental gambling and emotional abuse of children (r=.098, p-value=.044), as well neglecting children was found (r=.110, p-value=.023). This finding is in agreement with the hypothesis and the results of some previous studies from Petsuksiri, P. (6), Clongphayaban, B(59) who found that gambling was statistically and significantly associated ($p<0.05$) with violence within the family. This result was inconsistent with Kamonrut K (57) who found that gambling was not significantly related to gambling and child abuse. This makes sense since parents who gamble don’t’ spend much time with their children; don’t pay much attention to them and neglected them. In case they loose they blame and yell at the child.

Hypothesis 10: Parental drug and substance abuser is related to physical-, emotional-, and sexual abuse and neglecting the child.

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A positive significant relationship of the kind of substance used and physical- (r=117, p-value=.016), emotional- (r=232, p-value=.003), and sexual abuse(r=122, p-value=.012) was found. This finding supports the hypothesis. Violent behavior as an effect of drug use appears to be associated with social-, individual-, and environmental factors rather than to be caused by pathological neuro-physiological conditions In the study of Campbell, (15), Somyat K (65) the finding suggest that the number of best friends using substance(cigarette, alcohol and marijuana) are most correlated with the substance use of adolescents. The majority of those investigated reported alcohol consumption and smoking cigarettes. The behavior of parents who use drug substances are aggressive, they abuse other members of the family because of a lost of control and of ill temper. It also might be that the frontal lobe of the brain already was destroyed by the toxic substances. Since the emotions are controlled by the frontal brain, this might contribute to an aggressive behavior.

In this study, the subjects are juvenile offenders. So they special characteristic. The result could not represent in general. However, the finding of this study is similar to findings from the study by et al (40) who also found positive correlation between domestic violence and children of addicts.

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CHAPTER VI
CONCLUSION AND RECOMMENDATIONS

This chapter is organized into 4 sections. The first section is summary of this study; second section is result of this study; the third section is recommendations from results of this study and the forth section is recommendation base on the finding for further research.

1. Summary of this Study

Domestic violence has many forms, including physical, sexual, emotional, or neglect abuse directed towards one's spouse, partner, or other family member within the household. Most of the domestic violence towards children occurred at home. There are many forms of child abuse and its various forms has numerous effects on the child and development.

Children's responses to their experiences with domestic violence vary. Children may reveal any of a range of adjustment problems and psychopathology, or may emerge from their experiences relatively unscathed. These children may display include aggressive behavior, reduced social competencies, depression, fears, anxiety, sleep disturbances, learning problems and substance abuse.

Domestic violence occurs in all cultures; people of all races, ethnicities, religions, and classes can be perpetrators of domestic violence. There are many different theories as to the causes of domestic violence. As with many phenomena regarding human experience, no single approach appears to cover all cases. Because there are a number of dimensions: mode, frequency and severity. However, the retrospective methodology of research in this area has been criticized. Domestic violence also increases the risk of child abuse (67).

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Substance abuse research has revealed a variety of problems in the dynamics of families where there is parental substance abuse. Study findings include dysfunctional internal and external boundaries (68); poor communication skills, low expressiveness, and high family conflict (69); role distortion (70) ; and generally low levels of family competence and adverse family environment (71).

This is a cross-sectional survey study. The objective of this study is to determine the characteristic of domestic violence and the relationship between domestic violence and children of addicts. The research collected the data from 428 juvenile offenders who were staying in Juvenile Vocation Training Centre.

2. The Result of this Study

2.1 Child factors

It included sex, age, educational level, age onset, self-esteem and perception of abuse. The result revealed that the groups of subject were male and female (84.3% VS 48.4%). The mean age of subjects was 17 years. The majority education level was secondary school. This study found the age onset of drugs use were 6 years old but the most of subjects were 15 years old. The most substance was met-amphetamine. For self- esteem and the perception of abuse the result show the moderate level both.

2.2 Family factors

Base on analysis of family factors, nearly of most the guardians were married (48.5%) and separate (33.2%). The majority of guardians were employed. An average income of the guardians were low in come (<10,000baths/month) (71.1%). Most of the guardians drink alcohol (66%). The majority of the subjects were not gambling (63.8%). More than half of the guardians use substance (50.2%).The majority of the subject had fair family relationship.

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2.3 Domestic violence against children; physical abuse, emotional abuse, sexual abuse and neglect

In this study, this group of juvenile offenders showed neglect 40.9%, physical abuse 40.4%, emotional abuse 40.2% and sexual abuse 39.7%, respectively. The result showed neglect in the aspect of home alone, ask to learn and ask or talk to the child. For physical abuse the result showed the slapping head and hitting with rod or belt. Where as emotional abuse was yelling and scold rude offensive. The sexual abuse founded liberties.

2.4 The relationship between domestic violence and children of addicts

The domestic violence towards children involving physical abuse, emotional abuse, sexual abuse and neglect correlated with child addicts. The result showed relationship between physical, emotion abuse and met-amphetamine use. Emotional abuse and neglect relation age onset of drug abuse Sexual abuse relation child gender. Emotion abuse relation education. Self-esteem relation neglect. The result showed relationship between family relationship and emotion abuse. Parental alcohol use relation emotion, sexual abuse. Parental gambling relation emotion, sexual abuse and neglect. Parental drug and substance abuser relation physical, emotion and sexual abuse.

3. Recommendation from the Results of this Study

Base on the results of the study, the researcher is making the following recommendations for risk factors involved in child abuse:-

3.1 The causes of child abuse have recently undergone a paradigm shift. As was recognized by researchers, the simple cause of family should focus on family relationship. It should concern the parents' personal characteristics that might cause parents to abuse or neglect their children.

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3.2 Most child abuse takes place in the home. It more occurs in the families where spousal abuse occurs. Children are more likely to be abused by their fathers than by their mothers.

3.3 More common abuse is neglect. It is meaning in family relationship. All of the subjects are children and youth so they need the development. Children with histories of maltreatment, such as physical and psychological neglect and physical abuse are at risk of developing severe psychiatric problems.

3.4 An important risk factor involved in child abuse is parental substances abuse.

3.5 Given the prevention services consists of activities that are targeted at the community level. These activities include public education activities, parent education classes that are open to anyone in the community, and family support programs. Provide settings where parents and children can gather, interact, support and learn from each other.

4. Recommendation for Further Research

Further research is needed to elaborate on domestic violence, child abuse and related factors with child addicts. The following are several possible further investigations to improve our understanding:-

4.1 Explore the societal factors include inaccessible and unaffordable health care, fragmented social services and lack of support from extended families and communities.

4.2 The ecological model should consider the origin of all forms of child abuse. This model views child abuse within a system of risk and protective factors interacting across four levels: (1) the individual, (2) the family, (3) the community and (4) the society.

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4.3 Criticizes the parents who were abused their own children. Under aspect of lack of parenting skills, unrealistic expectations about a child's capabilities, ignorance of ways to manage a child's behavior and of normal child development may further contribute to child abuse.

4.4 Explore age onset of drug and substances abuse which correlate domestic violence.

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APPENDIX

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เครื่องมือในการวิจัย

รูปแบบความรุนแรงในครอบครัวของเด็กติดยาเสพติด

.....

คำชี้แจง เครื่องมือที่ใช้ในการวิจัยครั้งนี้ เป็นแบบสอบถาม แบ่งออกเป็น 2 ชุด คือ

ชุดที่ 1 เครื่องมือคัดกรองการถูกกระทำรุนแรงในครอบครัว แบ่งเป็น 4 ส่วน

ส่วนที่ 1 แบบสอบถามการถูกกระทำรุนแรงทางด้านร่างกาย จำนวน 15 ข้อ

ส่วนที่ 2 แบบสอบถามการถูกกระทำรุนแรงทางด้านจิตใจ จำนวน 11 ข้อ

ส่วนที่ 3 แบบสอบถามการถูกกระทำรุนแรงทางเพศจำนวน 10 ข้อ

ส่วนที่ 4 แบบสอบถามการถูกปล่อยปละละเลยจำนวน 11 ข้อ

ชุดที่ 2 เครื่องมือในการรวบรวมข้อมูล แบ่งเป็น 4 ส่วน

ส่วนที่ 1 แบบสอบถามข้อมูลส่วนบุคคล จำนวน 12 ข้อ

ส่วนที่ 2 แบบสอบถามสัมพันธ์ภาพในครอบครัว จำนวน 13 ข้อ

ส่วนที่ 3 แบบสอบถามความรู้สึกมีคุณค่าในตนเอง จำนวน 10 ข้อ

ส่วนที่ 4 แบบสอบถามการยอมรับการกระทำรุนแรง จำนวน 7 ข้อ

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ชุดที่ 1 เครื่องมือคัดกรองการถูกกระทำรุนแรงในครอบครัวแบ่งเป็น 4 ส่วน

<u>คำชี้แจง</u> โปรดทำเครื่องหมาย / ลงในช่องคำตอบที่ตรงกับลักษณะที่ถูกกระทำหรือลงโทษ ตามความเป็นจริงโดยมีเกณฑ์การตอบคำถาม ดังนี้

เคย หมายถึง ท่านเคยถูกกระทำหรือลงโทษในลักษณะที่ระบุไว้ โดยมีรายละเอียดว่า

- สม่ำเสมอ หมายถึง ถูกกระทำ 12-28 วัน / เดือน หรือ 3-7 วัน / สัปดาห์
- บ่อย หมายถึง ถูกกระทำ 4-11 วัน / เดือน หรือ 1-2 วัน / สัปดาห์
- บางครั้ง หมายถึง ถูกกระทำ 1-3 วัน / เดือน
- นานๆ ครั้ง หมายถึง ถูกกระทำ 1 วัน / 2 เดือน

ไม่เคย หมายถึง ท่านไม่เคยถูกกระทำในลักษณะที่ระบุไว้เลย

ส่วนที่ 1 แบบสอบถามการถูกกระทำรุนแรงทางด้านร่างกาย

ลักษณะที่ถูกกระทำจากคนในครอบครัว	เคย				ไม่เคย
	สม่ำเสมอ	บ่อย	บางครั้ง	นานๆ ครั้ง	
1. ท่านเคยถูกสิ่งของใกล้มือปาใส่					
2. ท่านเคยถูกผลัก กระชาก หรือเหวี่ยงแรงๆ					
3. ท่านเคยถูกดึงผม ดึงหู บิดหู หรือหยิกจนบาดเจ็บ					
4. ท่านเคยถูกใช้มือตบหน้า					
5. ท่านเคยถูกตบศีรษะ					
6. ท่านเคยถูกเตะหรือต่อยอย่างรุนแรง					
7. ท่านเคยถูกตีด้วยแซ่ สายไฟ เข็มขัด ไม้กวาด					
8. ท่านเคยถูกจับศีรษะหรือตัวกระแทกพื้นหรือกำแพง					
9. ท่านเคยถูกใช้บุหรี่หรือยากันยุงจี้ผิวหนัง					
10. ท่านเคยถูกใช้น้ำร้อนราด					
11. ท่านเคยถูกใช้เตารีดนาบ					
12. ท่านเคยถูกกระทืบด้วยเท้า					
13. ท่านเคยถูกทำร้ายด้วยมีด					
14. ท่านเคยถูกทำร้ายด้วยปืน					
15. ท่านเคยถูกจับมัดมือ มัดเท้า					

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1. ท่านถูกกระทำจากใคร (ตอบได้มากกว่า 1 ข้อ)

☐ บิดา ☐ มารดา ☐ พี่น้อง ☐ ญาติ

☐ คนอื่น (โปรดระบุ…….)

2. ท่านถูกกระทำรุนแรงทางด้านร่างกายครั้งแรกเมื่ออายุ…….

ส่วนที่ 2 แบบสอบถามการถูกกระทำรุนแรงทางด้านจิตใจ

ลักษณะที่ถูกกระทำจากคนในครอบครัว	เคย				ไม่เคย
	สม่ำเสมอ	บ่อย	บางครั้ง	นานๆ ครั้ง	
1. ท่านเคยถูกดุด่า ด่าว่าด้วยถ้อยคำหยาบคาย					
2. ท่านเคยถูกขู่ ตะคอก ตวาด					
3. ท่านเคยถูกเปรียบเทียบเป็นสัตว์ เช่น สุนัข วัว ควาย					
4. ท่านเคยถูกพูดดูถูกเหยียดหยาม ทำอะไรไม่เคยดี คนอื่นหรือสัตว์ยังทำได้ดีกว่า					
5. ท่านเคยถูกปรักปรำว่าเป็นต้นเหตุของปัญหาต่างๆ					
6. ท่านเคยถูกประณามว่าเป็นคนเลว คนชั่ว					
7. ท่านเคยถูกกักขังในห้อง ไม่ให้ไปไหน					
8. ท่านเคยถูกลงโทษไม่มีเหตุผล					
9. ท่านเคยถูกไม่ให้เข้าบ้าน					
10. ท่านเคยถูกคนในครอบครัวลงโทษโดยการเงียบเฉย ไม่พูดจา					
11. ท่านเคยถูกตำหนิ โดยใช้สายตา					

1. ท่านถูกกระทำจากใคร (ตอบได้มากกว่า 1 ข้อ)

☐ บิดา ☐ มารดา ☐ พี่น้อง ☐ ญาติ ☐ คนอื่น (โปรดระบุ……..)

2. ท่านถูกกระทำรุนแรงทางด้านจิตใจครั้งแรกเมื่อ อายุ……..

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ส่วนที่ 3 แบบสอบถามการถูกกระทำรุนแรงทางเพศ

ลักษณะที่ถูกกระทำจากบุคคลในครอบครัว	เคย				ไม่เคย
	สม่ำเสมอ	บ่อย	บางครั้ง	นานๆครั้ง	
1. ท่านเคยถูกแอบดูขณะอาบน้ำหรือเปลี่ยนเสื้อผ้า					
2. ท่านเคยถูกชักชวนหรือหลอกล่อให้ดูสื่อลามก เช่นภาพโป๊ หนังสือโป๊ ภาพยนตร์ หรือ วีดีโอลามก					
3. ท่านเคยถูกชวนพูดคุยเกี่ยวกับเรื่องลามก หยาบคาย หรือพูดจาลวนลาม					
4. ท่านเคยถูกชักชวนหรือหลอกล่อให้เปลือยกาย					
5. ท่านเคยถูกจับหรือลูบคลำอวัยวะเพศ					
6. ท่านเคยถูกชักชวนหลอกล่อให้ขายบริการ					
7. ท่านเคยถูกบังคับให้ขายบริการ					
8. ท่านเคยถูกชักชวนหรือหลอกล่อให้มีเพศสัมพันธ์					
9. ท่านเคยถูกพยายามจะข่มขืน					
10. ท่านเคยถูกข่มขืนบังคับให้มีเพศสัมพันธ์					

1. ท่านถูกกระทำจากใคร (ตอบได้มากกว่า 1 ข้อ)

   ☐ บิดา ☐ มารดา ☐ พี่น้อง ☐ ญาติ

   ☐ คนอื่น (โปรดระบุ……..)

2. ท่านถูกกระทำรุนแรงทางด้านจิตใจครั้งแรกเมื่ออายุ……

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ส่วนที่ 4 แบบสอบถามการถูกปล่อยปละละเลย

ลักษณะที่ถูกกระทำจากคนในครอบครัว	เคย				ไม่เคย
	สม่ำเสมอ	บ่อย	บางครั้ง	นานๆครั้ง	
1. ท่านเคยถูกให้อยู่บ้านคนเดียวโดยไม่มีผู้ใหญ่					
2. เมื่อท่านเจ็บป่วยไม่ดูแล รักษา ไม่พาไปหาหมอ					
3. ท่านไม่เคยถูกถามถึงการเรียน					
4. ท่านเคยถูกไม่ให้เงินไปเรียนหนังสือ					
5. ท่านเคยถูกไม่ส่งเสียค่าเล่าเรียน ค่าบำรุงการศึกษา					
6. ท่านถูกปล่อยให้ทำงานบ้านคนเดียวโดยไม่มีใครช่วยเหลือ					
7. ไม่เคยมีการพูดคุย ถามไถ่ทุกข์สุขเกี่ยวกับตัวท่าน					
8. เคยส่งท่านไปอยู่กับคนอื่น					
9. บิดา และ/หรือ มารดาไม่กลับบ้าน					
10. ไม่จัดหาอาหารให้รับประทาน					
11. ไม่ให้เงินใช้					

1. ท่านถูกปล่อยปละละเลยจากใคร (ตอบได้มากกว่า 1 ข้อ)

☐ บิดา ☐ มารดา ☐ พี่น้อง ☐ ญาติ ☐ คนอื่น

(โปรดระบุ.....)

2. ท่านถูกปล่อยปละละเลยครั้งแรกเมื่ออายุ.....

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ชุดที่ 2 เครื่องมือแบ่งเป็น 4 ส่วน

ส่วนที่ 1 แบบสอบถามข้อมูลส่วนบุคคล

คำชี้แจง : ให้ท่านตอบคำถามโดยทำเครื่องหมาย / หรือเติมข้อความลงในช่อง ☐ ให้สมบูรณ์ และตรงกับความจริงเกี่ยวกับท่านมากที่สุด (ตอบทุกข้อ)

1. เพศ ☐ชาย ☐หญิง

2. อายุ.....ปี

3. ระดับการศึกษา

☐ ไม่ได้เรียน ☐ ประถม1-6 ☐ มัธยมศึกษา 1-3

☐ มัธยมศึกษา 4-6 ☐ อาชีวศึกษา / ประกาศนียบัตร/อนุปริญญา

4. อาชีพของบิดา-มารดา

☐ ไม่ได้ทำงาน ☐ รับจ้าง ☐ ค้าขาย / นักธุรกิจ

☐ รับราชการ / รัฐวิสาหกิจ ☐ ทำสวน-ทำไร่ ☐ อื่นๆ.....

5. รายได้.....บาท ต่อ เดือน (รวมทั้งบิดาและมารดา)

6. สถานภาพของมารดาและบิดา

☐ บิดามารดาอยู่ด้วยกัน ☐ บิดามารดาเสียชีวิต ☐ บิดาเสียชีวิต

☐ มารดาเสียชีวิต ☐ แยกกันอยู่ / หย่าร้างกัน

☐ อื่นๆ (โปรดระบุ.....)

7. บุคคลใดในครอบครัวท่านมีพฤติกรรมดื่มสุราเป็นประจำ

☐ มี ☐ ไม่มีผู้ใดดื่มสุรา

8. บุคคลใดในครอบครัวท่านมีพฤติกรรมติดการพนันทั้งถูกและผิดกฎหมาย

☐ มี ☐ ไม่มีผู้ใดติดการพนัน

9. บุคคลใดในครอบครัวท่านมีพฤติกรรมใช้สารเสพติดเช่น เหล้า บุหรี่ กัญชา เฮโรอีน ยาบ้า สารระเหย อื่นๆ

☐ มี ☐ ไม่มีผู้ใดใช้สารเสพติด

10.ท่านใช้ยาเสพติดชนิดใด

☐ เหล้า / สุรา ☐ บุหรี่ ☐ กัญชา

☐ ยาบ้า ☐ เฮโรอีน ☐ สารระเหย ☐ อื่นๆ

11. สาเหตุที่ใช้ยาเสพติด.....

12. ท่านเสพยาเสพติดครั้งแรกเมื่ออายุ.....ปี

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ส่วนที่ 2 แบบสอบถามสัมพันธ์ภาพในครอบครัว จำนวน 13 ข้อ

คำชี้แจง : 1. ให้ท่านทำเครื่องหมาย / ลงในช่องคำตอบท้ายข้อความที่ตรงกับความเป็นจริงเกี่ยวกับครอบครัวของท่านมากที่สุด เพียงข้อละ 1 คำตอบเท่านั้น

2. โดยพิจารณาคำตอบดังนี้

บ่อย หมายถึง ข้อความนั้นเกิดขึ้นกับครอบครัวของท่านทุกวัน

บางครั้ง หมายถึง ข้อความนั้นเกิดกับครอบครัวท่านบางครั้ง

ไม่เคย หมายถึง ข้อความนั้นไม่เคยเกิดขึ้นกับครอบครัวของท่านเลย

ข้อความ	บ่อย	บางครั้ง	ไม่เคย
1. คนในครอบครัวของท่านทะเลาะวิวาท มีปากเสียงกันบ่อย			
2. สมาชิกในครอบครัวของท่านต่างคนต่างอยู่ไม่สนใจกัน			
3. บิดาและมารดาของท่านทำร้ายร่างกายกันบ่อย			
4. หากมีความไม่สบายใจ ท่านมีโอกาสได้พูดคุยกับบิดา มารดา			
5. ท่านและสมาชิกในครอบครัวรับประทานอาหารร่วมกัน			
6. ท่านและสมาชิกในครอบครัวไปเที่ยวพักผ่อนด้วยกัน			
7. ท่านและสมาชิกในครอบครัวทำงานบ้านด้วยกันเป็นประจำ			
8. ท่านและสมาชิกในครอบครัวดู TV ด้วยกันเป็นประจำ			
9. เมื่อท่านประสบปัญหา สมาชิกในครอบครัวคอยปลอบโยนให้กำลังใจ			
10. บิดามารดาให้การยอมรับในคำพูดและการแสดงออกของท่าน			
11. บิดามารดาให้ความยุติธรรมแก่บุตรทุกคน			
12. บิดามารดาใช้คำพูดต่อกันในลักษณะพูดคำด่า			
13. เวลาบุคคลในครอบครัวเจ็บป่วย จะได้รับการดูแลซึ่งกันและกัน			

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ส่วนที่ 3 แบบสอบถามความรู้สึกมีคุณค่าในตนเอง จำนวน 10 ข้อ

คำชี้แจง : 1. ให้ท่านทำเครื่องหมาย / ลงในช่องคำตอบท้ายข้อความที่ตรงกับความรู้สึกที่แท้จริงตัวของท่านมากที่สุด (ไม่ใช่ความรู้สึกที่ที่คนอื่นคิดว่าท่านควรจะรู้สึก) เพียงข้อละ 1 คำตอบเท่านั้น

ข้อความ	บ่อย	บางครั้ง	ไม่เคย
1. ฉันเป็นคนสำคัญ			
2. ฉันรู้สึกดีกับตัวเองเมื่อฉันอยู่กับครอบครัว			
3. ฉันรู้สึกกังวลกับการที่คนอื่นมาชอบฉัน			
4. ฉันอยากสูงใกล้เคียงกับคนในวัยเดียวกัน			
5. ฉันอยากให้น้ำหนักฉันเปลี่ยนไปจากนี้			
6. ฉันรู้สึกเหมือนต้องเผชิญโลกโดยลำพัง			
7. เพื่อนฉันรับฟังความคิดของฉัน			
8. ฉันภูมิใจกับงานที่ฉันทำ			
9. ฉันทำให้พ่อ แม่ ไม่มีความสุข			
10. ฉันเหงา			

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ส่วนที่ 4 แบบสอบถามการยอมรับการถูกกระทำรุนแรง จำนวน 7 ข้อ

คำชี้แจง : 1. ให้ท่านทำเครื่องหมาย / ลงในช่องคำตอบท้ายข้อความที่ตรงกับความเป็นจริงเกี่ยวกับตัวของท่านมากที่สุด เพียงข้อละ 1 คำตอบเท่านั้น

ข้อความ	ใช่	ไม่ใช่	ไม่ตอบ
1. ท่านถูกกระทำรุนแรงทางด้านร่างกายจากคนในครอบครัว 2. ท่านถูกกระทำรุนแรงทางด้านจิตใจจากคนในครอบครัว 3. ท่านถูกกระทำรุนแรงทางเพศจากคนในครอบครัว 4. ท่านถูกปล่อยปละละเลยจากคนในครอบครัว 5. ท่านถูกกระทำรุนแรงในครอบครัวมากกว่า 1 อย่างในเวลาเดียวกัน (จากข้อ1-4) 6. การถูกกระทำรุนแรงในครอบครัวมีผลต่อสภาพร่างกายและจิตใจของท่าน 7. การถูกกระทำรุนแรงในครอบครัวเป็นสาเหตุนำที่ทำให้ท่านต้องเสพยาเสพติด			

ขอขอบคุณในความร่วมมือตอบแบบสอบถาม

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Appendix

Research tool

"Characteristic of Domestic Violence in children of addicts"

Explanation:

A questionnaire was the tool for investigating domestic violence of addicted children. The information was collected by using that questionnaire. The questionnaire was divided into two parts.

Part 1 This part of the questionnaire related to the family violence was divided into 4 sets:

Set 1. 15 questions concerning physical abuse

Set 2. 11 questions concerning emotional abuse

Set 3. 10 questions concerning sexual abuse

Set 4. 11 questions concerning the neglect of the subjects.

Part 2 This part used to collect further information and had been divided into 4 sets:

Set 1. Child characteristic, 12 questions

Set 2. Family relationship, 13 questions

Set 3. Child Self-Esteem,10 questions

Set 4. The perception of child abuse, 7 questions

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Part 1 Set 1. The questionnaire of physical abuse

Explanation: Please mark within the appropriate space (/) those indicators which are related to physical abuse and the frequency of the physical abuse.

Frequency is measured as regularly, often, seldom or never.

-Regularly means you are abused 12-28 days/month or 3-7 days/week

-Often means you are abused 4-11 days/month or 1-2 days/week

-Sometimes means you are abused 1-3 days/month.

-Seldom means you are abused 1 day/2 months

-Never means you have never been abused

Characteristic of physical abuse	**ever**				**never**
	regularly	often	some time	seldom	
1. Throw objects on					
2. Push snap, swing					
3. Pull hair					
4. Slapping on face					
5. Slapping head					
6. Kicking or boxing					
7. Hitting with a rod or belt					
8. Beating head or body on the floor or wall					
9. Cigarette burning or threaten on skin					
10.Burn with hot water					
11.Burning with iron					
12.Tramping					
13.Harm with knife					
14.Threatening with gun					
15.Physical restraint					

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1. You are physical abused by whom? (you can answer more than 1)

☐ Father ☐ Mother ☐ Brother or sister

☐ Relative ☐ Other person (Please specify……)

2. Age onset of physical abuse …….

Past 1 Set 2. The questionnaire of emotional abuse

Characteristic of emotional abuse	**ever**				**never**
	regularly	often	some time	seldom	
1.Scold rude offensive 2.Yell intimidate 3.Call as animal 4.Insult saying animals are even better 5.Blame causing trouble 6.Blame to be bad 7.Confining in room 8.Punish around without reason 9.Didn't allow child to stay close 10.Quite not addressing the child 11.Indirect verbal assaulting					

1. You are emotional abused by whom? (you can answer more than 1)

☐ Father ☐ Mother ☐ Brother or sister

☐ A relative ☐ Other (Please specify……)

2. Age onset of emotional abuse …….

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Past 1 Set 3. Characteristic of sexual abuse of domestic violence questionnaire

Characteristic of emotional abuse	**Ever**				**never**
	Regularly	often	some time	seldom	
1.Ever have been stolen a look 2.Had been persuaded to see obscene pictures 3.Ever have been take liberties with 4.Had been persuade to take off cloths 5.Had been touched on sexual organ 6.Persuade to do/deceive sexual acts 7.Had been forced into sexual acts 8.Had been persuade sexual intercourse 9.Attempted rape 10.Raped					

1. You are sexual abused by whom? (you can answer more than 1)

☐ Father ☐ Mother ☐ Brother or sister

☐ relative ☐ Other (Please specify……)

2. Age onset of sexual abuse ……

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Past 1 Set 4. Characteristic of neglect of domestic violence questionnaire

Characteristic of neglect	**Ever**				**never**
	regularly	often	some time	seldom	
1. Forced to stay home alone 2. Didn't attend health 3. Didn't asked to learn 4. Didn't give money when you went to school 5. Failure to provide educational 6. Didn't help with homework 7. Didn't ask / talk to you 8. Sent to live with other people 9. Guardians didn't come home 10.Didn't provide food 11.Non provision of money					

1. You are neglected by whom? (you can answer more than 1)

☐ Father ☐ Mother ☐ Brother or sister

☐ A relative ☐ Other (Please specify……)

2. Age onset of neglect abuse ……

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Part 2 Set 1. The questionnaire of the child's characteristics

Explanation: Please answer the questionnaire by marking pr writing into the □ blank space (answer all questions)

1. Gender ☐ Male ☐ Female

2. Age……year

4. Educational level

☐ Illiteracy ☐ Primary School Prathom 1-6

☐ Secondary School Mathayom 1-3 ☐ High School Mathayom 4-6

☐ Vocational education/Certificate/Diploma

4. Father and mother occupation

☐ Unemployment ☐ Employed ☐ merchant/business man

☐ Government/ state enterprise employee ☐ Agriculturist

☐ Others (please mention)

5. Income…….bath /month (father and mother)

6. The marital status of your parents

☐ Married ☐ Father and mother dead

☐ Father dead ☐ Mother dead

☐ Separated/divorced ☐ Others (please mention)

7. Alcohol consumption regularly (can answer more than 1)

☐ Father ☐ Mother ☐ Brother or sister

☐ Relatives (please mention) ☐ No one consumes alcohol

8. Gambling (can answer more than 1)

☐ Father ☐ Mother ☐ Brother or sister

☐ Relatives (please mention) ☐ No one did gamble

9. Use drug substances such as alcohol, cigarette, marijuana, heroin, amphetamine and other substance

☐ Father ☐ Mother ☐ Brother or sister

☐ Relatives (please mention) ☐ No one did use drug substances

10. The type of drug substances you use (can answer more than 1)

11. Cause of use drug substances……

12. The onset use of drugs……year

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Part 2 set 2. The questionnaire about family relationships

Explanation:

1. Please answer the questionnaire by marking the space behind each questionnaire which relates to the situation within your family.

2. The given answer is true, partly true and not true.

Frequently means the incident occurred everyday

Sometime means the circumstance only happen sometimes

Never means the event have never been happened

Questionnaire	Frequently	Sometime	Never
1. The member of your family often quarrel with each other			
2. The member of your family stay individually in the house, don't pay attention to the other family member			
3. Your mother was physical abused often by your father			
4. When you were depressed you could talk with your mother and father			
5. You have meal together with other family members			
6. You went for holiday regularly with family members			
7. You regularly did house work together with family members			
8. You watched television with family member			
9. When you have the problems family members consoled you			
10. Your father and mother accepted your wording and expressions			
11. Your father and mother are fair to their children			
12. Father talked rude to mother, mother scolded father			
13. Take care the member of the family took care of each other when they got sick			

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Part 2 Set 3. The questionnaire of child self-esteem

Explanation: Please answer the questionnaire by marking the space behind each question. You should answer following your own feeling and not the opinion of other persons.

questionnaire	Frequently	Sometime	Never
1. I am an important person 2.I feel good when I am with my family 3. I am worried when someone likes me 4. I would like to be as tall as the others 5. I want to loose weight 6. I feel like I am alone in the world 7. My friends accept my opinion 8. I am proud with what I am doing 9. My parents are not happy with my behavior 10. I feel lonely			

Part 2 Set 4. The questionnaire about the perception of child abuse

Explanation: Please answer the questionnaire by marking the space (/) behind each question that relates to you

questionnaire	Yes	Not sure	No
1. You are physical abused by the members of the family 2. You are emotional abused by the members of the family 3. You are sexual abused by the members of the family 4. You are neglected by the members of the family 5. Your are abused more than one time by the members of the family (from 1-4) 6. Your physical and emotional condition are influenced by the violence in the family 7. The violence in the family is the cause that lead you to use drug substances 8. You have never been abused by the members of the family			

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Table 23 Methods and frequencies of physical abuse (n=428)

Methods of physical abused	**Abuse**					**Never**
	Regular	often	sometime	seldom	total	
1.Throw objects on	2(0.5)	13(3.0)	62(14.5)	154(36.0)	234(54.0)	197(46.0)
2.Push snap, swing	3(0.7)	11(2.6)	69(16.1)	130(30.4)	213(49.8)	215(50.2)
3.Pull hair	1(0.2)	11(2.6)	45(10.5)	134(31.1)	I91(44.4)	237(55.4)
4.Slapping on face	1(0.2)	17(4.0)	54(12.6)	138(32.2)	210(49.0)	218(50.9)
5.Slapping head	7(1.6)	21(4.9)	86(20.1)	148(34.6)	262(61.2)	166(38.8)
6.Kicking or boxing	6(1.4)	18(4.2)	53(12.4)	124(29.0)	201(47.0)	227(53.0)
7.Hitting with a rod or belt	14(3.3)	80(18.7)	150(35.0)	0(0.0)	109(57.0)	184(43.0)
8.Beating head or body on the floor or wall	1(0.2)	5(1.2)	15(3.5)	37(8.6)	58(13.5)	370(86.4)
9.Cigarette burning or threaten on skin	0(0.0)	5(1.2)	15(3.5)	28(6.5)	48(11.2)	380(88.8)
10.Burn with hot water	1(0.2)	4(0.9)	9(2.1)	20(4.7)	34(7.9)	394(92.1)
11.Burning with iron	3(0.7)	1(0.2)	1(0.2)	7(1.6)	12(2.7)	416(97.2)
12.Tramping	2(0.5)	7(1.6)	23(5.4)	93(21.7)	125(29.2)	303(70.8)
13.Harm with knife	1(0.2)	6(1.4)	21(4.9)	40(9.3)	68(15.8)	360(84.1)
14.Threatening with gun	1(0.2)	3(0.7)	16(3.7)	25(5.8)	45(10.4)	383(89.5)
15.Physical restraint	1(0.2)	7(1.6)	8(1.9)	33(7.7)	49(11.4)	379(88.6)

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Table 24 Methods and frequencies of emotional abuse (n=428)

Methods of emotion abused	**Abuse**					**Never**
	Regular	often	sometime	seldom	Total	
1.Scold rude offensive	13(3.0)	67(15.7)	139(32.5)	153(35.7)	372(86.9)	56(13.1)
2.Yell intimidate	10(2.3)	38(8.9)	91(21.3)	177(41.4)	316(73.9)	112(26.2)
3.Call as animal	8(1.9)	25(5.8)	85(19.9)	160(37.4)	278(65.0)	150(35.0)
4.Insult saying animals are even better	13(3.0)	29(6.8)	49(11.4)	133(31.1)	224(52.3)	204(47.7)
5.Blame causing trouble	9(2.1)	31(7.2)	54(12.6)	146(34.1)	240(56.3)	188(43.9)
6.Blame to be bad	13(3.0)	32(7.5)	51(11.9)	138(32.2)	234(54.6)	194(45.3)
7.Confining in room	2(0.5)	14(3.3)	27(6.3)	69(16.1)	112(26.2)	316(73.8)
8.Punish around without reason	6(1.4)	9(2.1)	33(7.7)	78(18.2)	126(29.4)	302(70.6)
9.Didn't allow child to stay close	9(2.1)	11(2.6)	42(9.8)	82(19.2)	144(33.7)	284(66.4)
10.Quite not addressing the child	8(1.9)	13(3.0)	37(8.6)	114(26.6)	151(40.1)	256(59.8)
11.Indirect verbal assaulting	3(0.7)	7(1.6)	9(2.1)	19(4.4)	38(8.8)	390(91.1)

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Table 25 Methods and frequencies of sexual abuse (n=428)

Methods of sexual abused	**Abuse**					**Never**
	Regular	often	sometime	seldom	Total	
1.Ever have be stolen a	8(1.9)	3(0.7)	20(4.7)	24(5.6)	55(12.9)	373(87.1)
look	0(0.0)	8(1.9)	54(12.6)	143(33.4)	205(47.9)	223(52.1)
2.Had been persuaded to						
see obscene pictures	14(3.3)	34(7.9)	54(12.4)	106(24.8)	208(48.4)	220(51.4)
3.Ever have been taken						
liberties with	6(1.4)	5(1.2)	16(3.7)	27(6.3)	54(12.6)	374(87.4)
4.Had been persuaded to						
take off cloths	15(3.5)	19(4.4)	49(11.4)	58(13.6)	141(32.9)	287(67.1)
5.Had been touched on						
sexual organ	2(0.5)	4(0.9)	7(1.6)	17(4.0)	30(7.0)	398(93.0)
6.Persuade to do/deceive						
sexual acts	0(0.0)	4(0.9)	10(2.3)	8(1.9)	22(5.1)	406(94.9)
7.Had been forced into						
sexual acts	29(6.8)	31(7.2)	14(3.3)	17(4.0)	91(21.3)	337(78.7)
8.Had been persuade sexual						
intercourse	14(3.3)	18(4.2)	2(0.5)	11(2.6)	45(10.6)	383(89.5)
9.Attempted rape	11(2.6)	15(3.5)	4(0.9)	10(2.3)	40(9.3)	388(90.7)
10.Raped						

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Table 26 Methods and frequencies of neglect (n=428)

Methods of neglect	Abuse					Never
	Regular	often	sometime	seldom	Total	
1.Forced to stay home alone	37(8.6)	65(15.2)	85(19.9)	149(34.8)	336(78.5)	92(21.5)
2.Didn’t attend health	10(2.3)	19(4.4)	31(7.2)	52(12.1)	112(26.0)	316(73.8)
3.Didn’t ask about learning in school	108(25.2)	126(29.4)	87(20.3)	63(14.7)	384(89.6)	44(10.3)
4.Didn’t give money when you went to school	7(1.6)	11(2.6)	29(6.8)	38(8.9)	85(19.9)	343(80.1)
5.Failure to provide educational	10(2.3)	7(1.6)	16(3.7)	21(4.9)	54(12.5)	374(87.4)
6.Didn’t help with homework	15(3.5)	20(4.7)	36(8.4)	82(19.2)	153(35.8)	275(64.3)
7.Didn’t ask / talk to you	104(24.3)	92(21.5)	79(18.5)	69(16.1)	344(80.4)	84(19.6)
8.Sent to live with other people	4(0.9)	2O(4.7)	48(11.2)	88(20.6)	160(37.4)	268(62.6)
9.Guardians didn't come home	13(3.0)	19(4.4)	39(9.1)	90(21.0)	161(37.5)	267(62.4)
10.Didn't provide food	11(2.6)	23(5.4)	27(6.3)	72(16.8)	133(31.1)	295(68.9)
11.Non provision of money	18(4.2)	14(3.3)	12(2.8)	5(1.2)	49(11.5)	379(88.6)

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