

Toshinori Kitamura, Nobuhiko Kijima, Noboru Iwata,  
Yukiko Senda, Koji Takahashi, and Ikue Hayashi

**Frequencies of Child Abuse in Japan:  
Hidden but Prevalent Crime Behind the Door**

International Journal of Offender Therapy and Comparative  
Criminology, 43(1); 21-33, 1999

**Abstract:** A total of 98 women newly employed by a company in Tokyo were interviewed and asked to recall the frequency of abuse when they were children. They were asked to give the ages when it started, subsided, and was worst and their help seeking behaviours. They were guided in their responses by three categories of emotional abusive behaviours and five categories of physical ones exhibited by their father and mother. If the abuse is defined as an act occurring at least several times a month, the rates of the father's emotional neglect, threat, putting the child into shame, slapping, punching with a fist, kicking, hitting with an object, and burning were 5%, 3%, 1%, 4%, 3%, 0%, 0%, and 0%, respectively, whereas the corresponding rates of the mother's acts were 9%, 5%, 2%, 0%, 1%, 0%, 1%, and 0%, respectively. The abusive behaviours were worst when the child was about 10 years old. Children abused by a parent with one mode of abuse were more likely to be abused with different modes by the same parent and they were also more likely to be abused by the other parent using the same or similar modes of abuse. None of the children who had been abused at least several times a month reported having sought other people's help. This study suggests that child abuse in Japan is no less prevalent than in the Western countries and that most abuse cases are unidentified and therefore go unrelieved by intervention.

Child abuse is parents' aggression towards or neglect of their child. Child abuse consists of (a) emotional abuse, (b) physical abuse, (c) sexual abuse, and (d) neglect (Finkelhor & Korbin, 1988). Child abuse should be viewed with grave concern not only because of its impact on the victim's immediate adjustment and development (Salzinger, Feldman, Hammer, & Rosario, 1991) but also because of its long-term influence on adult adjustment (Smith & Williams, 1992) and its role in the onset of different types of psychopathology (Berger et al., 1994; Brown & Anderson, 1991; Bryer, Nelson, Baker Miller, & Krol, 1987; Cahill, Llewelyn, & Pearson, 1991; Chu & Dill, 1990; Greenfield, Strakowski, Tohen, Batson, & Kolbrener, 1994; Holmes & Robins, 1987; Kitamura, Kijima, Aihara, Tomoda, Fukuda, & Yamamoto, 1998; Straus, 1991; Waller, 1991, 1992). Furthermore, abused children are more likely to grow up to be parents abusing their own children (Kaufman & Zigler, 1987; Wiche, 1992). This behaviour may be addressed in juvenile, family relations, civil, or criminal court in the United States (Sagatun & Edwards, 1995). For example, the Child Abuse Protection Act empowers the staff of the Child Protection Agency of a State to carry out investigation of a family when child abuse is suspected with reasonable doubt.

Epidemiological studies of child abuse are often faulted for differences in the definition of child abuse, in the populations studied, and in the methods of collecting data. In the United States, for example,

Giovannoni (1989) estimated the annual incidence of child abuse as between 3.4 and 10.5 children per 1,000. In their interview of 2,000 parents in a community, Straus and Kantor (1994) defined child abuse as aggressive acts by a parent that may include punching, kicking, biting, hitting with an object, beating up, and burning (scalding). They found that 11% of this group reported committing one or more of these acts during the 12 months prior to the day of the interview (annual incidence). Similarly, in Japan Shoji (1992) reviewed the Japanese literature and estimated the annual incidence of child abuse reported to medical or social agencies to be about 7 per 100,000 children. In an interview of community residents of age 18 and older, Kitamura, Kitahara, Koizumi, Takashi, Chiou & Fujihara (1995) found that 22%, 15%, 8%, 2%, and 0% of the subjects, respectively, recalled a father's scolding, slapping, punching with a fist, hitting with an object, and burning. The corresponding figures for the mother's abusive behaviours were 15%, 4%, 2%, 2%, and 1%, respectively. These reports from the United States and Japan indicate that a great number of cases of child abuse remain unreported. Thus, it is evident that epidemiological research of child abuse should use a community population rather than clinical populations. The report of Kitamura et al. (1995) is alarming for Japanese society because many people have long believed that child abuse is an exceptional rather than everyday phenomenon.

Although it was the first investigation of this kind in Japan, the study of Kitamura et al. (1995) examined only the frequencies of physical abuses and just one type of emotional abuse (harsh scolding). Emotional abuse is no less detrimental to a child than physical abuse (Vissing & Straus, 1991) but it has been studied much less intensively possibly due to the difficulty of defining and measuring it (Brassard, Hart, & Hardy, 1993).

Nor did Kitamura et al. (1995) examine whether abused children had sought help. Help seeking by the victims of child abuse is another neglected area of research despite ample evidence suggesting a substantial difference in the incidence of child abuse between the results of epidemiological community studies and reports from medical and social welfare agencies.

The results of the study by Kitamura et al. (1995) were unexpected and made us alert to the seriousness of the issue. The authors therefore decided to replicate the study. Because the recall of childhood experiences may be less clear as time goes by, a population of young adults seemed to be more appropriate than an older one. When we had an opportunity to study mental health and mental illness in newly employed women, we added an expanded version of our structured interview about experiences in childhood that involved abuse. We will report here the frequencies of both emotional and physical types of abuse and victims'

help seeking behaviours recalled by these young women. Results concerning the participants' psychopathology are reported elsewhere (Kitamura et al., 1998).

## **BACKGROUND**

One may argue that the behaviours of parents described below are no more than discipline and a part of education. Children often learn what they have done was wrong and punishable by means of parental slapping. There seems, however, little convincing evidence showing that parental emotional or physical 'discipline' has an effect on the moral formation of the children beyond the immediate control of the children's behaviour.

Even if there are no educational ends, one may also claim that parental 'discipline' can cause no substantial harm on the body and mind of the children, and therefore does not have to be considered seriously unless the behaviour is regarded as serious as 'child battering' (Kempe, Silverman, Steele, Droegemueller, & Silver, 1962). This notion seems unwarranted because the literature shows that child abuse of the degree defined in our study can cause depression, antisocial behaviour, problem drinking and other psychopathology in adulthood. We also found that a later onset of recurrent or chronic DSM-III major depression in the present participants was linked to experience of abuse during childhood

(Kitamura et al., 1998). Although it is not child abuse only that causes later psychopathology, we must be alert to the possibility of child abuse contributing, to some extent, to problems of adult mental health.

Viewing the issue from the standpoint of criminal law, Japanese society has long regarded the 'disciplinary' issue as a part of individual (parental) discretion. Authority (e.g. schoolteachers, police, local government) is reluctant to enter into this issue unless it is prosecuted as a court case. If the penal code is strictly applied to child abuse, however, it is no longer 'abuse' but should be considered as assault and battery. There appears to be no provision in the Japanese penal code noting that assault and battery should be excepted from prosecution and punishment if committed by the victim's parent or care giver. Thus, child abuse is a crime committed by someone who is in a position to take care of the victim. The Convention of the Rights of the Child (United States, 1989) notes that children have a right to be free from abuse. In Article 19, it is articulated that 'state parties shall take all appropriate legislative, administrative, social and educational measures to protect the child from all forms of physical or mental violence, injury or abuse, neglect or negligent treatment, maltreatment or exploitation, including sexual abuse'.

In Japan, each Prefecture has one or more child guidance centres. In total, there are some 170 centres in Japan. The Child Welfare Act

empowers the head of a child guidance centre to give abused children 'temporary' shelter in the centre or to transfer them to the Family Court. This power is delegated by the Prefectural Governor. However, it is only the Family Court that can authoritatively investigate the home and, if necessary, deprive parents of their power. Child guidance centres are usually very reluctant to ask the Prefecture to order the deprivation of parental power by the Family Court. The Family Court is also very hesitant to do this and the annual number of cases of parental power deprivation is extremely low . Thus, child guidance centres have no formal means to gather evidence of child abuse. Anyone who notices child abuse may report it to a child guidance centre under the regulations of the Child Welfare Act, but there are no people in certain occupations (e.g. paediatricians, schoolteachers, social workers, photo shop owners) who have legislated *duties* to do so. As a consequence, people who become aware of a child being abused are often reluctant to report it out of fear of being sued by the victim's parent for defamation. The duty of certain professionals to report should be legislated. It should be noted, however, that a report may discourage an abuser from seeking help (Smith & Mayer, 1984).

## **METHODS**

The participants and methods used in this study have been described in detail elsewhere (Kitamura et al., 1998). All the women (N=98) who were newly employed by a company in Tokyo in 1995 were invited to participate in a study of mental health and mental illness in young Japanese women. Nobody declined. For all these women, employment in this company was their first job after graduating from the university or leaving school. Their mean age and SD were 22.1 and 1.0 years. The age range was between 19 and 25. All were unmarried. Written informed consent was obtained from each participant prior to the study after the procedure was fully explained. They were interviewed during the period of collective initial training in April, just after their entry into the company. A specially designed interview - Time Ordered Stress and Health Interview (Kitamura & Kijima, 1995) - was carried out by 20 trained interviewers. The interview identified eight categories of parental abusive behaviours from both parents separately. They were (a) emotional neglect; e.g. saying "You are not my child" to give a message that he child was a nuisance or not needed; (b) threat; e.g. not providing meals and destroying cherished pets or toys (c) putting the child into shame; e.g. scolding cruelly and making fun of the child in front of others; (d) slapping; (e) punching with a fist; (f) kicking; (g) hitting with an object; e.g. a club; and (h) burning; e.g. with a cigarette. Each abusive behaviour was rated for its frequency when it was at its most frequent with a

5-point-scale: never - 1, once in the lifetime - 2, several times a years - 3, several times a month - 4, and several times a week - 5. It was rated for both parents separately. If either of the parents exhibited each abusive behaviour, participants were asked about the age when it started, the age when it subsided, and the age when it was worst. For any abusive behaviour, the participant was enquired whether she sought help from non-professional (e.g. friends, relatives) and professional (e.g. school teachers, general practitioners) individuals.

It should be noted here that although sexual abuse is a very important part of child abuse we did not make an enquiry. This is because we thought that direct questioning about past experiences of being sexually abused would be too embarrassing to the participants due to the stigmatisation towards sexual abuse in Japan.

Of the 98 women, 18 reported having lost their father by death or having been separated from their father for 12 months or longer before the age of 16. Four women reported the experience of maternal loss before the age of 16. A loss of a parent before the age of 16 may have either distorted the participants' recall or removed any possibility of recall (e.g. the father's death when the participant was aged 2). Inclusion of those participants with early parental loss may spuriously reduce the rate of child abuse (children are unlikely to be abused by absent parents). Therefore, we excluded those participants who had experienced the loss

of a parent from further analyses concerning that particular parent.

For statistical analyses, we firstly examined the frequencies of each type of the father's and mother's abusive behaviours. We then examined the age when each of them started, subsided, and was at its worst. When any type of child abuse had been reported, the participant was further enquired whether she had sought informal (e.g. peers, relatives) or professional (e.g. teachers, doctors) help. In order to see whether abusive behaviours would coexist within and between the two parents, we correlated the frequencies of the abusive behaviours. Pearson's product moment coefficients were calculated after they were log-transformed because they were positively skewed. When the frequencies of the father's behaviours were correlated with those of the mother's, only those women who reported neither paternal nor maternal loss experiences before the age of 16 ( $n = 80$ ) were used. SPSS-X (SPSS Inc., 1986) was used for statistical analyses.

Using the same data set we have reported elsewhere determinants of social support (Kitamura, Kijima, Watanabe, Takezaki, & Tanaka, 1998).

## **RESULTS**

The frequencies of different abusive behaviours are shown in Table

1 for the father and mother separately. No one reported having been burnt by the mother.

### **INSERT TABLE 1 HERE**

As expected, the distribution of abusive behaviour frequencies was positively skewed in most of the categories. Inspection showed that the mothers were no less abusive than the fathers. For example, 27% of the mothers slapped the participants at least several times a year while 23% of the fathers did so. Because the subjects analysed for the paternal and maternal abusive behaviours were not necessarily the same (see Methods), we could not statistically compare the frequencies of abuses between the father and the mother. Since there is no consensus as to the point where the frequency of non-abusive (disciplinary) behaviour becomes abusive behaviour, we deliberately defined abuse as an activity which had reportedly occurred at least several times a month. Accordingly, 5% of the women reported paternal emotional neglect; 3% paternal threat; 1% paternal shame; 4% paternal slapping; and 3% paternal punching. Also, 9% of the women reported maternal emotional neglect; 5% maternal threat; 2% maternal shame; 1% maternal punching; and 1% maternal hitting with an object.

The mean age when the abusive behaviour started was the lowest

for emotional neglect (aged 5.6) whereas it was the highest for emotional shame (aged 9.8). The mean ages when the abusive behaviour subsided were almost the same being between 10 and 11. The age when the subjects felt each abusive behaviour was worst was between 7 and 11 (Table 2).

### **INSERT TABLE 2 HERE**

The reported rates of help seeking behaviour of the victims of child abuse were generally low. Of those who had reported each kind of abuse, 12%, 0%, 18%, 11%, 8%, 20%, 18%, and 0% had sought informal help for emotional neglect, threat, shame, slapping, punching, kicking, hitting, and burning, respectively. The corresponding figures for professional help seeking behaviour were, 6%, 0%, 0%, 0%, 0%, 0%, 9%, and 0%, respectively. Of the group of children abused at least several times a month (as defined above), none of them had sought informal or professional help.

Different types of emotional and physical abusive behaviours were likely to coexist. The correlations of the frequencies of the different types of abusive behaviours were calculated for the father and the mother separately (Table 3). The greatest correlation was observed between kicking and hitting with an object by the father. This means that the

fathers who kicked frequently were likely to hit the child with an object. Therefore abusive behaviours do not take place independently but rather as a cluster. Inspection of Table 3 shows that this tendency was stronger among the fathers than among the mothers.

**INSERT TABLE 3 HERE**

We observed that the subjects who had been abused by the mother were more likely to have been abused by the father with similar modes of behaviours (Table 4). It may be seen from Table 4 that children abused by a parent through one particular mode - i.e. emotional or physical - were more likely to be abused by the other parent in the same or a similar mode of behaviours. Moreover, if the child was emotionally abused by the father (emotional neglect and shame), she was more likely to have been kicked by the mother.

**INSERT TABLE 4 HERE**

**DISCUSSION**

A drawback of this study may be found in the fact that the participants were requested to recall retrospectively their experiences of

abuse. Thus the study may be biased in two ways, recall bias and social desirability. Recall of childhood experiences is often criticised for its low reliability and validity. It was virtually impossible to find eyewitnesses of abusive behaviours. However, we are unaware of a better means to investigate the prevalence of abuse. For example, choosing much younger participants may reduce the recall bias but it may also make it harder for the participants to tell the truth because they are still under the care of the parents. Asking the parents directly may be more accurate but even a questionnaire study with anonymity may induce strong social desirability. Asking children about the abuse of their siblings may be less intrusive but again the feeling of betrayal and fear of repercussions from disclosure of the family 'secret' may reduce the report rates. Therefore we must interpret the findings reported here as approximate figures.

A second drawback is that our study involved only women. Furthermore, our sample consisted of newly employed individuals of a single company. Men may have different experiences. However, this and previous studies suggest that child abuse is a rather substantial issue in Japan. The present findings could be regarded as the first step in systematic investigations of the problem. Further studies with methodologically more sophisticated approaches are required.

One may speculate that these forms of disciplinary actions took place while the child exhibited oppositional behaviour. We investigated

the lifetime prevalence of psychiatric disorders among the present participants (Kitamura et al., 1998). Although oppositional or conduct disorder was enquired directly, we did not notice any life history of such disorders. Moreover, we found a significant link between early experience of being abused and later onset of Major Depression (Kitamura et al., 1998). These findings are not suggestive of the existence of oppositional or conduct disorders as a cause of parental abusive acts.

In our study emotional and physical abuses were equally observed. Because of different definition and assessment methods used in past investigations, however, it is difficult to make a direct comparison. Still, it may be stated that the rate of emotional child abuse in Japan is no less than that in the United States. Virtually no professional support or intervention is available in Japan unless, on rare occasions, severely abused children are identified by medical, social welfare, or educational staff and brought to the attention of authorised care and protection. In a study of female adults attending a university-based family medicine clinic, Carlin et al. (1994) found that only 38 % of the women identified by questionnaire as physical abuse victims during childhood reported abuse experiences subjectively. A high rate of denial of 'abuse' by victims may partly explain the very low rates of help-seeking behaviours. Even if children recognised parental abusive behaviours as such, it might be extremely difficult for them to step forward to address the issue in front of

other adults.

The difference in the mean ages when different categories of abusive behaviours started has to be considered. Emotional neglect, in particular, started very early whereas shame started late. It may be that very young children are especially sensitive to a lack of affection and care from their parents and become sensitive to the 'eyes' of non-family adults and children as they grow up and develop self-consciousness. Detailed developmental investigation is needed. After the age of 11, abusive behaviours tended to taper off. This may be due to more physical strength and independence of the child.

Our results also confirmed a previous finding (Kitamura et al., 1995) that parents who use one method of abuse are more likely to use the other methods. Furthermore, the father and the mother were more likely to commit the same kinds of child abuse and use the same methods. There is evidence that child abuse is transmitted from one generation to another (Kaufman & Zigler, 1987; Wiche, 1992) and that girls brought up in abusive environments are more likely to choose violent boy friends (Smith & Williams, 1992). Thus, a culture that permits violence is likely to see that violence passed from one generation to the next. Men and women who are prone to use violence as a means to solve interpersonal conflicts may have learnt it from their parents and may be more likely to choose a partner with the same tendency.

The Convention on the Rights of the Child (United Nations, 1989) notes in Article 39 that “state parties shall take all appropriate measures to promote physical and psychological recovery and social reintegration of child victims of: any form of neglect, exploitation, or abuse; torture or any other form of cruel, inhuman or degrading treatment or punishment; or armed conflicts.” It further states that “such recovery and reintegration shall take place in an environment which fosters the health, self-respect and dignity of the child.” The situations in Japan mentioned above seem far from the ideal announced by the Convention.

In order to prevent and to intervene in child abuse at an early stage, Japan should amend the Child Welfare Act; (a) to define the groups of professionals who have a duty to report suspected child abuse; (b) to immunise the report of professionals from breach of confidentiality; (c) to empower the head and designated staff of a child guidance centre to investigate the child, parents, and other related individuals even at home; and (d) to set up legal or non-legal advocacy groups for the protection and care of children with power to investigate, to communicate with concerned people and groups, and to act as a guardian ad litem when necessary. The United Nations’ Convention on the Rights of the Child states that “protective measures should, as appropriate, include effective procedures for the establishment of social programmes to provide necessary support for the child and for those who have the care of the

child, as well as for other forms of prevention and for identification, reporting, referral, investigation, treatment and follow-up of instances of child maltreatment.” Because Japan ratified the Convention of the Rights of the Child (United Nations, 1989), it should endeavour to embody its principles. And much should be done to that end in Japan, but what is clear is that many children are still being abused, even today.

## **ACKNOWLEDGEMENTS**

This research was partly funded by grants from the Yasuda Life Welfare Foundation and the Social Security foundation. We thank the following interviewers: W. Aihara, R. Fukuda, T. Kazama, T. Koizumi, M. Ono, S. Sakamoto, N. Suzuki, M. Takayama, Y. Takezaki, Y. Takehara, E. Tanaka, A. Tomoda, K. Watanabe, and M. Yamamoto.

### **Author notes**

Request for reprints: Toshinori Kitamura, F.R.C.Psych.

#### **Toshinori Kitamura, F.R.C.Psych.**

Director

Department of Sociocultural Environmental Research, National Institute  
of Mental Health, National Centre of Neurology and Psychiatry, 1-7-3,  
Kohnodai, Ichikawa, Chiba 272 -8790 Japan

#### **Nobuhiko Kijima, M.A.**

Researcher

Department of Vocational Assessment and Counseling Research, Japan  
Association of Employment of Disabled

#### **Noboru Iwata, Ph.D.**

Visiting Scientist

Centre for Research in Behavioural Medicine and Health Psychology,  
University of South Florida

#### **Yukiko Senda, M.A.**

Researcher

National Institute of Population and Social Security

#### **Koji Takahashi, Ph.D.**

Lecturer

Faculty of Humanities and Social Sciences, Mie University

**Ikuo Hayashi, M.A.**

International Centre, Dokkyo University

## REFERENCES

- Berger, D., Saito, S., Ono, Y., Tezuka, I., Shirahase, J., Kuboki, T., & Suematsu, H. (1994). Dissociation and child abuse histories in an eating disorder cohort in Japan. *Acta Psychiatrica Scandinavica*, *90*, 274-280.
- Brassard, M.R., Hart, S.N., & Hardy, D. B. (1993). The psychological maltreatment rating scales. *Child Abuse and Neglect*, *17*, 715-729.
- Brown, G. R., & Anderson, B. (1991). Psychiatric morbidity in adult inpatients with childhood histories of sexual and physical abuse. *American Journal of Psychiatry*, *148*, 55-61.
- Bryer, J. B., Nelson, B. A., Baker Miller J., & Krol, P. A. (1987). Childhood sexual and physical abuse as factors in adult psychiatric illness. *American Journal of Psychiatry*, *144*, 1426-1430.
- Cahill, C., Llewelyn, S. P., & Pearson, C. (1991). Long-term effects of sexual abuse which occurred in childhood: A review. *British Journal of Clinical Psychology*, *30*, 117-130.
- Carlin, A. S., Kemper, K., Ward, N. G., Sowell, H., Gustafson, B., & Stevens, N. (1994). The effect of differences in objective and subjective definitions of childhood physical abuse on estimates of its incidence and relationship to psychopathology. *Child Abuse and Neglect*, *18*, 393-399.

- Chu, J., & Dill, D. L. (1990). Dissociative symptoms in relation to childhood physical and sexual abuse. *American Journal of Psychiatry, 147*, 887-892.
- Finkelhor, D., & Korbin, J. (1988). Child abuse as an international issue. *Child Abuse and Neglect, 12*, 3-23.
- Greenfield, S. F., Strakowski, S. M., Tohen, M., Batson, S. C., & Kolbrener, M. L. (1994). Child abuse in first-episode psychosis. *British Journal of Psychiatry, 164*, 831-834.
- Giovannoni, J. (1989). Definitional issue in child maltreatment. In D. Cicchetti, & V. Carlson (Eds.), *Child Maltreatment: Theory and Research on the Causes and Consequences of Child Abuse and Neglect*, Cambridge, England. Cambridge University Press.
- Holmes, S. J., & Robins, L. N. (1987). The influence of childhood disciplinary experience on the development of alcoholism and depression. *Journal of Child Psychology and Psychiatry, 28*, 399-415.
- Kaufman, J., & Zigler, E. (1987). Do abused children become abusive parents? *American Journal of Orthopsychiatry, 57*, 186-192.
- Kempe, C. H., Silverman, F. N., Steele, B. F., Droegenmueller, W., & Silver, H. K. (1962). The battered-child syndrome. *Journal of American Medical Association, 181*, 105-112.
- Kitamura, T., & Kijima, N. (1995). *Time ordered stress and health*

- interview*. National Institute of Mental Health, Ichikawa, Japan
- Kitamura, T., Kijima, N., Aihara, W., Tomoda, A., Fukuda, R. & Yamamoto, M. (1998). Depression and early experiences among young Japanese women: Multiple facets of experiences and subcategories of depression. *Archives of Women's Mental Health, 1*, 1-11
- Kitamura, T., Kijima, N., Watanabe, K., Takezaki, Y., & Tanaka, E. (1998) Precedents of perceived social support: Personality and early life experiences. *Manuscript submitted for publication*.
- Kitamura, T., Kitahara, T., Koizumi T., Takashi, N., Chiou, M. L., & Fujihara, S. (1995). Epidemiology of physical child abuse in Japan: How big is the iceberg? *Journal of Forensic Psychiatry, 6*, 425-431.
- Sagatun, I. J., & Edwards L. P. (1995). *Child abuse and the legal system*. Chicago, IL : Nelson-Hall Publishers.
- Salzinger, S., Feldman, R. S., Hammer, M., & Rosario, M. (1991). Risk for physical child abuse and the personal consequences for its victims. *Criminal Justice and Behavior, 18*, 64-81.
- Shoji, J. (1992). Child abuse: A review. *Shoni Hoken Kenkyu, 51*, 341-350. (in Japanese).
- Smith, J. P., & Williams, J. G. (1992). From abusive household to dating violence. *Journal of Family Violence, 7*, 153-165.
- Smith, S, R., & Meyer, R. G. (1984). Child abuse reporting laws and

- psychotherapy: A time for reconsideration. *International Journal of Law and Psychiatry*, 7, 351-366.
- SPSS Inc. (1986). *SPSS User's Guide*. (2nd ed.) Chicago, IL: SPSS Inc
- Straus, M. A. (1991). Discipline and deviance: Physical punishment of children and violence and other crime in adulthood. *Social Problems*, 38, 133-154.
- Straus, M. A., & Kantor G. K. (1994). Corporal punishment of adolescents by parents: A risk factor in the epidemiology of depression, suicide, alcohol abuse, child abuse, and wife beating. *Adolescence*, 29, 543-561.
- United Nations (1989). *Convention on the rights of the child* (adopted by General assembly of the United Nations on 20 November). United Nations Nations
- Vissing, Y. M., & Straus, M. A. (1991). Verbal aggression by parents and psychosocial problems of children. *Child Abuse and Neglect*, 15, 223-238.
- Waller, G. (1991). Sexual abuse as a factor in eating disorders. *British Journal of Psychiatry*, 159, 664-671.
- Waller, G. (1992). Sexual abuse and the severity of bulimic symptoms. *British Journal of Psychiatry*, 161, 90-93.
- Wiche, V. R. (1992). Abusive and non abusive parents: How they were parented. *Journal of Social Service Research*, 15, 81-93.

**TABLE 1**  
**FREQUENCIES OF PARENTAL ABUSIVE BEHAVIOURS**

	Never	Once or twice in a life time	Several times a year	Several times a month	Several times a week
Father's emotional abuse (n = 80)					
emotional neglect	70 (87.5)	0 (0.0)	6 (7.5)	4 (5.0)	0(0.0)
threat	71 (88.7)	2 (2.5)	5 (6.3)	2 (2.5)	0 (0.0)
shame	77 (96.2)	0 (0.0)	2 (2.5)	1 (1.2)	0 (0.0)
Father's physical abuse (n = 80)					
slapping	53 (66.2)	9 (11.2)	15 (18.8)	2 (2.5)	1 (1.2)
punching with a fist	72 (90.0)	1 (1.2)	5 (6.3)	2 (2.5)	0 (0.0)
kicking	73 (91.2)	0 (0.0)	7 (8.7)	0 (0.0)	0 (0.0)
hitting with an object	78 (97.5)	0 (0.0)	2 (2.5)	0 (0.0)	0 (0.0)
burning	79 (98.7)	1 (1.2)	0 (0.0)	0 (0.0)	0 (0.0)
Mother's emotional abuse (n = 94)					
emotional neglect	81 (86.2)	2 (2.1)	3 (3.2)	7 (7.4)	1 (1.1)
threat	76 (80.9)	4 (4.3)	9 (6.6)	4 (4.3)	1 (1.1)
shame	84(89.4)	3 (3.2)	5 (5.3)	2 (2.1)	0 (0.0)
Mother's physical abuse (n = 94)					

slapping	58 (61.7)	8 (8.5)	25 (26.6)	0 (0.0)	0 (0.0)
punching with a fist	89 (94.7)	1 (1.1)	3 (3.2)	1 (1.1)	0 (0.0)
kicking	86 (91.5)	1 (1.1)	7 (7.4)	0 (0.0)	0 (0.0)
hitting with an object	86 (91.5)	6 (6.4)	1 (1.0)	0 (0.0)	1 (1.1)

SD in brackets.

**TABLE 2**  
**AGE WHEN THE ABUSE STARTED, SUBSIDED, AND WAS WORST**

	Age when it started	Age when it subsided	Age when it was worst
Parental emotional abuse			
emotional neglect	5.6 (2.1)	10.3 (4.3)	8.0 (4.0)
threat	6.2 (3.5)	10.4 (5.1)	7.2 (3.7)
shame	9.8(4.9)	11.5 (4.9)	10.7 (4.2)
Parent's physical abuse			
slapping	7.8 (3.5)	11.7 (3.5)	10.7 (3.7)
punching with a fist	7.1 (3.0)	10.9(2.6)	10.7 (3.0)
kicking	7.4 (4.0)	11.7 (4.6)	11.4 (4.8)
hitting with an object	8.9 (3.4)	11.7 (3.5)	10.8 (3.2)

SD in brackets.

**TABLE 3****CORRELATIONS BETWEEN ABUSE BEHAVIOURS BY FATHER AND MOTHER SEPARATELY**

	Emotional neglect	Threat	Shame	Slapping	Punching with a fist	Kicking	Hitting with an object	Burning
Emotional neglect	-	.36**	.30	.29**	.01	.28*	.16	-.04
Threat	.20	-	.31**	.21	-.11	.21	.20	-.04
Shame	.36**	.29**	-	.30**	-.06	.42**	.35**	-.02
Slapping	.17	.16	.27**	-	.04	.40**	.25**	-.08
Punching	.37**	.01	.08	.08	-	.18	.20	-.40
Kicking	.15	.20	.07	.15	-.07	-	.52**	-.03
Hitting with an object	.00	.05	.12	.22**	.14	.02	-	-.02
Burning	-	-	-	-	-	-	-	-

Paternal abusive behaviours are above the diagonal (n=80) whereas maternal behaviours are under the diagonal (n=94).

\*  $p < .05$ , \*\*  $p < .01$

**TABLE 4**  
**CORRELATIONS BETWEEN PATERNAL AND MATERNAL ABUSIVE BEHAVIOURS**

Paternal abusive behaviours	Maternal abusive behaviours							
	Emotional neglect	Threat	Shame	Slapping	Punching with a fist	Kicking	Hitting with an object	Burning
Emotional neglect	.64**	.31**	.08	.00	.10	.28*	-.11	-
Threat	.09	.44**	.09	-.12	-.08	.21	-.10	-
Shame	.10	.17	.44**	.08	-.04	.44**	-.06	-
Slapping	.11	.14	.03	.15	.08	.40**	.21	-
Punching with a fist	.14	-.14	-.11	-.17	.54**	.18	.01	-
Kicking	.11	.19	.08	.12	-.07	1.00***	.03	-
Hitting with an object	-.07	.06	-.06	-.13	-.04	.52**	.16	-
Burning	-.05	-.05	-.04	-.09	-.03	-.03	-.03	-

$p < .05$ , \*\*  $p < .01$ , \*\*\*  $p < .001$ ;  $n = 80$