

Child Abuse Neglecting Neglect

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ABSTRACT

Background: There is a prevalence of child sexual abuse between 2017-20 shows a result of 80% of the sufferers being females under the age of 14. In India, child abuse can take numerous forms. According to the National Commission for the Protection of Child Rights (NCPCR), over 55% of Indian children have experienced some form of abuse. This amount is extremely high and indicates an extremely serious issue that must be addressed. Physical abuse is one of the most common forms of child maltreatment in India, affecting approximately 25% of children at some point. The most prevalent varieties are slapping and hitting, as well as burning and pounding. Around 16% of children have experienced sexual abuse in some form, such as rape or unwanted sexual contact. Mental harassment is also on the rise, with 11% of youngsters reporting emotional or verbal abuse from caretakers.

Objective: The main aim of this study, is to identify the antecedents and consequences child abuse among children between 7 to 17 years old with a structured questionnaire.

Participants and Setting: 120 students between the ages 10 and 16 from South India, Tamil Nadu, Chennai government school in India.

Methodology: The methodology used in this study has a descriptive approach and data was analyzed with a quantitative strategy.

Results: There is a significant model fit among the dimensions of child abuse and neglect which leads to the consequences of mental, physical, and health problems.

Conclusions: The purpose of exploring the child abuse is to lesser the possible chance of neglect or child abuse, and lower childhood trauma. There is a need to focus each state-wise by implementing comprehensive, evidence-based, community-driven child abuse and neglect prevention strategies based upon each and every state's needs.

Keywords: Child Abuse, Neglect, Prevention, Cultural, Social, Mental problem, Physical problem

Key Practitioner's Message:

It is crucial to prioritize the child's safety and well-being, maintain open communication with other professionals, and document all evidence. Practitioners should show empathy, compassion, active listening, cultural sensitivity, holistic assessment, collaboration with families, trauma-informed care, evidence-based interventions, strengths-based approach, developmentally appropriate care, patient and family education, communication skills, self-care, professional supervision and development, ethical practice, advocacy and policy involvement, risk assessment, monitoring progress, interdisciplinary collaboration, self-reflection, and resilience.

INTRODUCTION:

Background: There is a prevalence of child sexual abuse between 2017-20 shows a result of 80% of the sufferers being females under the age of 14. In India, child abuse can take numerous forms. According to the NCPCR, 55 percent of Indian children have been abused at some point in their lives. Whenever we sense this, it seems to be too high, and we should treat it as a serious matter. Researchers found that slapping, hitting, and ponding are the most common forms of physical abuse. Around 16% of children have experienced sexual abuse in some form,

such as rape or unwanted sexual contact. Mental harassment is also on the rise, with 11% of youngsters reporting emotional or verbal abuse from caretakers.

"The increase in the number of children who are reported as victims of maltreatment is a major driver in our resolute and unceasing efforts to prevent child abuse and neglect once and for all."

— *Jerry Milner, associate commissioner of the Children's Bureau*

During COVID 2020, a total of 1,28,531 incidences of law-breaking against children were reported, a 13.2% decrease from the earlier year (1,48,090 cases). The gender breakdown of child abuse and neglect victims is nearly evenly split between males and girls [3],[4]. The youngest children are the most vulnerable to child abuse and neglect. Perpetrators are predominantly parents (81%), with 88 percent representing biological parents (ACF, 2012). Female perpetrators constitute slightly more than half of all perpetrators[5],[6]. Strong evidence put forward that sexual abuse has dropped significantly over the previous two decades, while the steadiness of indication suggests that physical abuse, particularly the more common and less serious varieties, has declined[9],[10].

Additionally, 10,000,000 children stand in child protective services, and many more cases are still undiscovered [12]. More than three-quarters of the occurrences are classed as neglect, with the majority affecting children beneath the age of 5. The literature appears to support parental substance obsession, an account of abuse or abandonment, and depression as its number one factor [14]. There is also an enormous body of research on the function of taxing environments and the power of poverty [18]. The timings of these abuse or neglect and its chronicity, significantly influences the results [20].

REVIEW OF LITERATURE:

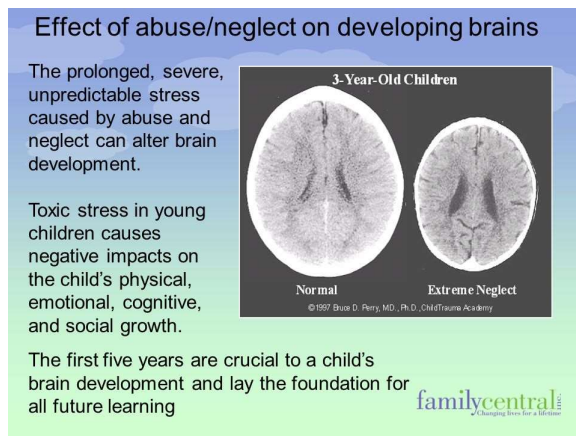
Adolescence and adulthood are frequently marred by psychological health issues that began in childhood [20]. A child's healthy development can be attained through a healthy relationship with his or her parents [16]. Neglect and abuse by parents can have a negative impact on the parent-child connection. [8], [1], [13]. When a kid is harmed physically, psychologically, sexually, or socially, and his or her well-being and safety are jeopardised. McCloskey study investigates and explains child maltreatment, which has a high societal cost since it creates lifetime social and health difficulties [23], [19]. According to Goddard and Hiller [17], 55% of the children were subjected to physical abuse, 40% were subjected to sexual assault, and the majority of these children were placed under protection. According, McGuigan and Pratt, the majority of children aged six months to five years were subjected to emotional violence by their parents [22].

Physical exploitation is defined as physical violence directed against the child by the parents or the guardian, such as hitting with a hand or an object, shoving, shaking, burning, or biting [32]. According to the NSVR (2015), one in every four girls and one in every six boys are sexually abused before the ripe age of 18. At the time of their first rape or oppression, 12.3 percent of women and 27.8 percent of men were 10 or younger [2].

According to Kent [17], has a negative impact on the mental health of children. Mullen and Savi emphasized that escalating levels of emotional abuse harmed teenagers' sense of self [27], [29]. According to [27], emotional abuse has a negative impact on children's personality development. [7], research explains robust links between increasingly distressing childhood events, such as mistreatment, family dysfunction, social seclusion, and physical and mental health problems [21], [24].

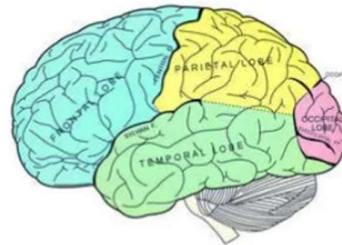
Victims of childhood maltreatment develop disorders, like violent behaviors, depression, pitiable educational routines, and condensed cognitive operation [17] which also impacts natal adaptations such as immune system function [16]. Sexual abuse of a child occurs when an adult engages in sexual activity with a minor. There is either bodily contact or no bodily contact, with clear asymmetry between those involved [25],[26],[30].

In fiscal year 2018, out of 3,534,000 million children 678,000 children were resolute to be victims of ill-treatment who had the issue of inquiry or alternative response, an increase from 674,000 (rounded) victims in 2017[33], [34]. There were 60.8 percent of victims who were ignored, 10.7 percent who were physically abused, and 7.0 percent who were sexually assaulted. Further 15 percent of them were the sufferers of two or more types of mistreatment. Faller research determines the child's development, and the study constitutes a risk of abuse [22]. Childhood sexual abuse, in particular, have risk in a variety of negative outcomes connected with sexual risk-taking behaviours [35], [36].

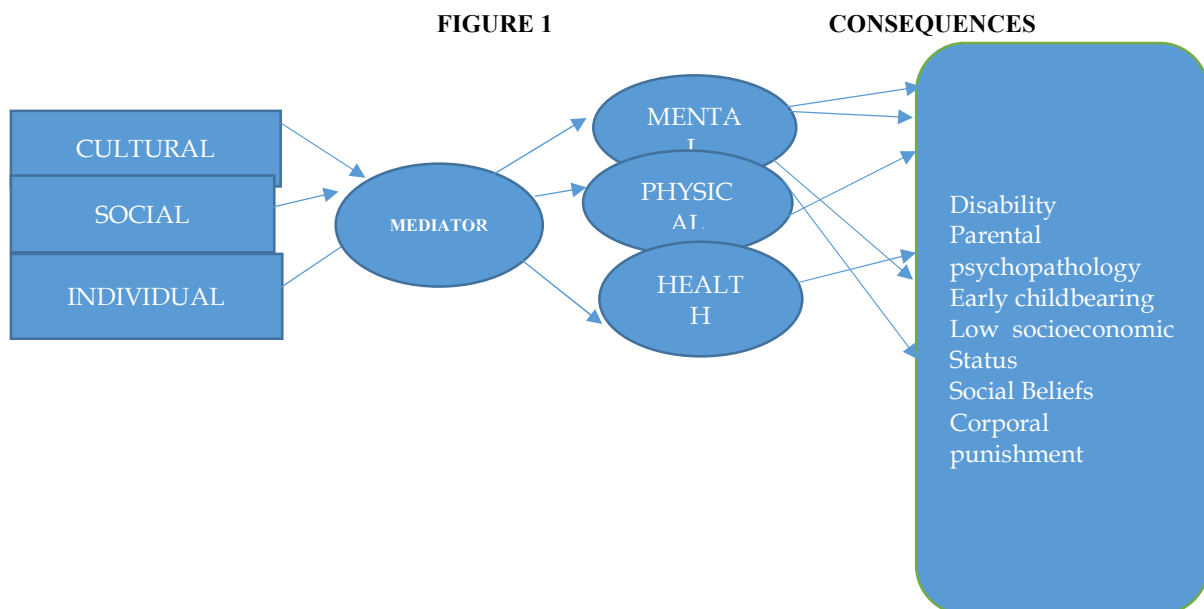


Abuse in neglect in childhood can profoundly effect brain development.

Negative childhood experiences can set our brains to constantly feel danger and fear says psychiatrist and traumatic stress expert [Bessel van der Kolk](#). He's the author of the recently published book, *The Body Keeps the Score: Brain, Mind, and Body in the Healing of Trauma*.



CONCEPTUAL CHILD ABUSE FLOW CHART



FACTOR ANALYSIS:

Data were collected from 120 children in Tamil Nadu, India Government schools, only 76 children provided clear data. The respondents were children aged 7 to 15. The data were factor analyzed to know the internal structure and its grouping for the items with the help of the instrument. The factor analysis is used to assess dimensions, which is used for testing the hypothesis. The Factor analysis was done using principal component method with varimax rotation. Bartlett's test of sphericity indicates that there exist significant correlations among the variables

which showed the Kaiser- Meyer-Olkin measure of sampling adequacy. The rotation reveals 6 factors with Eigenvalue greater than 1 and factor loading exceeding 0.62 explaining 81 percent of the total variance

TABLE 1.1 FACTOR ANALYSIS

CHILD ABUSE NEGLECT STUDY VARIABLES	FACTOR LOADING	PERCENTAGE OF VARIANCE
Cultural factor1	0.690	22.65
Cultural Factor 2	0.733	30.71
Cultural Factor 3	0.601	37.52
Social Factor 1	0.726	43.46
Social Factor 2	0.639	49.03
Social Factor 3	0.715	53.71
Social Factor 4	0.777	58.17
Individual Factor 1	0.638	62.35
Individual Factor 2	0.789	66.23
Individual Factor 3	0.769	69.75
Individual Factor 4	0.755	72.81

Source: Primary Data

CONFIRMATORY FACTOR ANALYSIS:

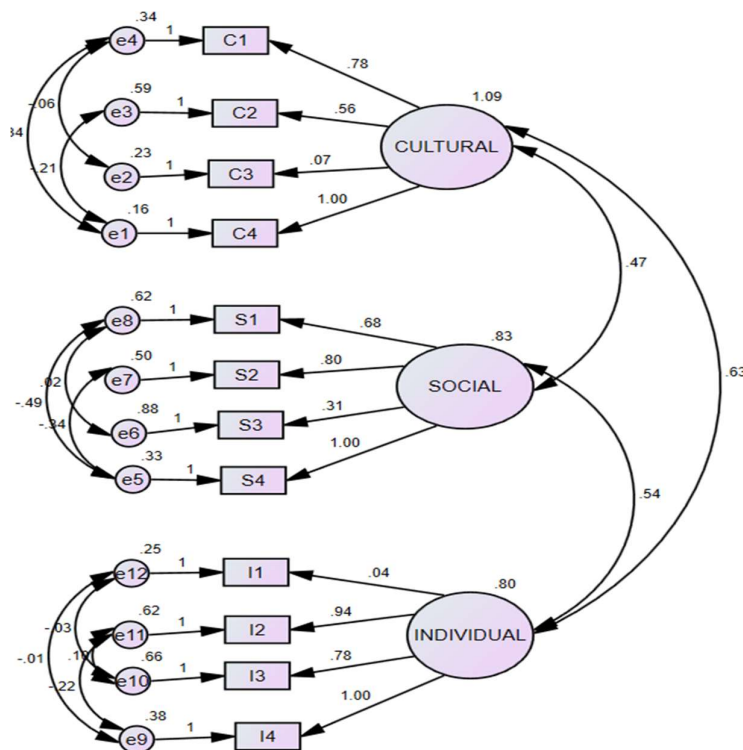


FIGURE 2

The CFA estimates each parameter of the measurement model it measures the factor loadings, factor variances and covariances. Confirmatory factor analysis by unweighted least square method using AMOS is performed on the items that measure the endogenous and exogenous variables of the study. The model fit has Goodness of fit index (GFI), Adjusted Goodness of fit index (AGFI), Normed Fit Index (NFI) and Root Mean Square Residual (RMR). All 12 items measuring for the factors affecting child abuse are entered for confirmatory factor analysis and testing is done for 3-factor model. The confirmatory factor analysis outcome indicates the first 4 items for the

cultural factor and the next 4 items for Physical factor and the next 4 items for Individual factor. The reliability of these factors through the internal consistency method is satisfactory.

RESULT OF CFA FOR THE FACTORS AFFECTING CHILD ABUSE NEGLECTING NEGLECT

TABLE 2

STUDY VARIABLE	VALUE
Goodness of fit index (GFI)	0.84
Adjusted Goodness of fit index (AGFI)	0.84
Bentler and Bonett's (1980) (NFI)	0.73
RFI	0.68
Parsimonious (PGFI)	0.62

Source: Primary Data

There are three major aspects of the results that are examined to evaluate the acceptability of the CFA model. They are: Goodness of fit : The presence or absence of strain; and statistical significance of the model's parameter estimates.

Goodness of fit explores the parameter estimates of the CFA and the relationships that were observed in the sample data.

CONSEQUENCES OF CHILD ABUSE

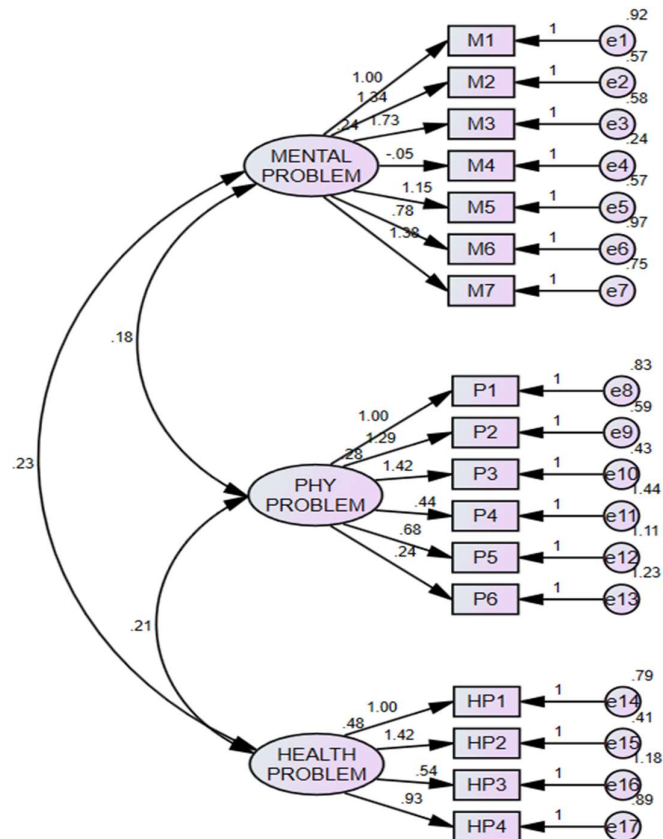


FIGURE 3

RESULT OF CFA FOR THE CONSEQUENCES OF CLILD ABUSE NEGLECTING NEGLECT

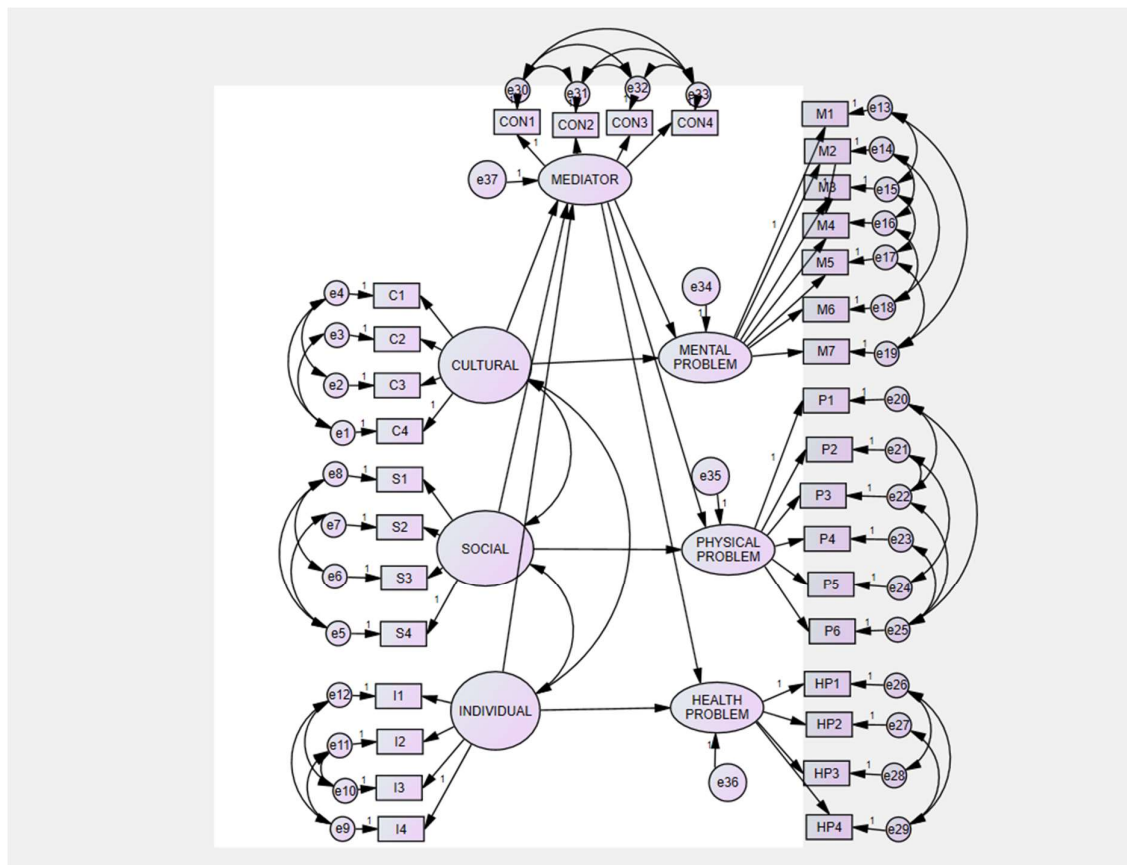
TABLE 3

CONSEQUENCES	OF	CLILD	ABUSE	VALUE
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NEGLECTING NEGLECT	
Goodness of fit index (GFI)	0.80
Adjusted Goodness of fit index (AGFI)	0.81
Bentler and Bonett's (1980) (NFI)	0.70
RFI	0.61
Parsimonious (PGFI)	0.64

Source: Primary Data

PATH ANALYSIS FOR CHILD ABUSE NEGLECTING NEGLECT



Source: Primary Data

FIGURE 4

The Exploratory Factor Analysis performed executes economic, social and environmental components. 38 initial initials were dropped to 29

Confirmatory Factor Analysis was performed, Cronbach's alpha was used to test the internal consistency of the dimensions and total score, with good reliability values ≥ 0.80 .

Overall, the child Abuse is generated from this CFA process can be used to measure the factors affecting Child Abuse.

The findings of simulation studies conducted by [15] suggest the following guidelines for acceptable model fit: (a) SRMR close to 0.08 or lower; (b) RMSEA close to .06 or below; and (c) CFI and TLI values are close to .95 or greater.

The analysis of the structural model is reported in the path analysis figure 4 shows a graphical depiction of the structural model with the path coefficients and computed t-values displayed for each path. The analysis presented in the diagram shows that all paths in the structural model are statistically significant.

H0: There is no significant model fit among the dimensions of child abuse and neglect which leads to the consequences of mental, physical and health problems.

H1: There is a significant model fit among the dimensions of child abuse and neglect which leads to the consequences of mental, physical and health problems.

Structural Equation Model Indices:**TABLE 4**

INDICES FOR CHILD ABUSE NEGLECTING NEGLECT	MODEL
Goodness of fit index (GFI)	0.92
Adjusted Goodness of fit index (AGFI)	0.90
CMIN	60.1
CMIN/df	4.01
Root mean square residual (RMR)	0.45
Parsimonious (PGFI)	0.37
RMSEA Estimate	0.07
ECVI Estimate	0.22
Probability of close fit (PCLOSE)	0.01
NFI	0.82
PNFI	0.40

Source: Primary Data

The results of Structural Equational Modelling shown in Table 4 advocate a good fit with the data. All the constraints are statistically significant, associated to the theoretical basis..

CHILD SEXUAL ABUSE TOOL:

NICE Guidance for Harmful Sexual Behavior outlines a tool for early assessment of ruthless behavior. Hackett's model applies a continuum of severity to a child or young person's sexual behavior. A majority of children grow up with healthy behaviors, and there are only a few children who display abusive behaviors. These kids should be given advice, support, care, and treatment.

Colombian Institute of Family Welfare

Weaknesses	Strengths
<ul style="list-style-type: none"> • Audio • Voices • Text location • Weak mobility of the characters • Colours • Unattractive characters • Identification of age, sex, schooling and educational institution • Does not generate an automatic diagnosis 	<ul style="list-style-type: none"> • Situations according to the problem • Compression of questions • Motivation to play • Identification with the application • Get children's attention • I practice • Acceptance by children in the academic and professional community

NOABS is a valuable resource that effectively addresses the prevalence of this issue, which impacts children within their family, social, and educational environments. By promptly engaging the appropriate professional personnel in accordance with the NOABS diagnosis, this tool works to mitigate the occurrence of abuse. The outcomes obtained from utilizing NOABS will inform the development of prevention programs aimed at enhancing children's understanding and control of their sexuality, equipping them with the necessary skills to navigate various situations.

Significance of the Study:

Child abuse and neglect are significant issues that have severe consequences for both children and society. Neglect, a form of abuse, involves failing to provide for a child's basic needs, such as food, clothing, shelter, medical care, supervision, and emotional support. The significance of addressing these issues cannot be overstated, as they can lead to long-term consequences such as malnutrition, emotional trauma, and mental health issues. Neglected children are at a higher risk of becoming abusers or neglectful parents themselves, making breaking the intergenerational cycle of abuse essential. Mental health issues, such as depression, anxiety, and post-traumatic stress disorder, can persist into adulthood. Society has a moral and ethical responsibility to protect children, and addressing child abuse is a fundamental obligation. Legal consequences and child rights violations

are also significant. To address these issues, society must be vigilant, raise awareness, provide support to families in need, and establish a robust system of child protection.

Implication of the Study:

Child abuse and neglect have significant implications on children, families, and society. These include physical health issues, emotional trauma, cognitive and educational issues, social and behavioral issues, interpersonal and family conflicts, societal costs, interpersonal violence and crime, intergenerational cycle of abuse, and violation of children's basic rights. Addressing these issues is not only moral but also practical. Early intervention, supportive services, educational programs, and awareness campaigns can help prevent child neglect and provide necessary support. Clinicians working with child abuse and neglect cases have a challenging but essential role in safeguarding the well-being of vulnerable children. They should prioritize safety, cultivate a trauma-informed approach, build trust and rapport, practice active listening, adapt communication styles, involve the child's family, comply with reporting obligations, assess and diagnose the child, use evidence-based interventions, psychoeducation, develop safety plans, engage in self-care and supervision, stay informed about legal and ethical responsibilities, advocate for the child, be culturally sensitive, collaborate with other professionals, maintain accurate records, stay updated on research, support secondary trauma, and be patient in the healing process.

Message for Clinicians and Practitioners:

As a clinician working with child abuse and neglect cases, it's crucial to prioritize the child's safety and well-being, maintain open communication with other professionals, and document all evidence. Practitioners should show empathy, compassion, active listening, cultural sensitivity, holistic assessment, collaboration with families, trauma-informed care, evidence-based interventions, strengths-based approach, developmentally appropriate care, patient and family education, communication skills, self-care, professional supervision and development, ethical practice, advocacy and policy involvement, risk assessment, monitoring progress, interdisciplinary collaboration, self-reflection, and resilience. By following these guidelines and continually learning, practitioners can make a significant positive impact on the lives of vulnerable children and help them heal and move towards healthier futures.

CONCLUSION

Times of India report reveals that over 90% of Indian children experience some form of abuse before they reach the age of 18."It is well known that neglect is closely linked to poverty, so we must focus our efforts on strengthening communities to meet the basic needs of families in order to increase their capacity to care for their children in safe and loving homes [9]. Globally, child sexual abuse is a widespread public health issue that requires intervention. Several studies have exposed levels of pre-existing vulnerability in children who were abused as children. Vulnerability is higher in children than in other age groups [1]. The mediating role is done by the parents[2]. To adequately protect our children, India's child abuse laws need to be updated and changed. The government established a countrywide hotline for children in need in 2013. All forms of child abuse should be considered as a serious risks on health problems. Children who have experienced abuse or who are at risk of experiencing abuse can get counseling and assistance from the professionals working on this helpline, which is available around-the-clock

Reference:

1. Aral N (1997), Physical Abuse and Children (In Turkish). Ankara: Tekisik Publications.
2. Black, M. M., Dubowitz, H., Krishnakumar, A., & Starr, R. H. (2007). Early intervention and recovery among children with failure to thrive: Follow-up at age 8. *Pediatrics*, 120(1), 59–69.
3. Bernhard Herrmann (2019), Maltreatment, Physical and Sexual Abuse, Harper's Textbook of Pediatric Dermatology, 10.1002/9781119142812.ch164, (2219-2239).
4. Beitchman JH, Zucker KJ, Hood JE, DaCosta GA, Akman D, Cassavia E 1992. A review of the long-term effects of child sexual abuse. *Child Abuse and Neglect*, 16(1): 101-118.
5. Bronfenbrenner, U. Toward an experimental ecology of human development. *American Psychologist*, 1977, 32, 513-531.
6. Bronfenbrenner, U. The ecology of human development. Cambridge, Mass.: Harvard University Press, 1979.
7. Belsky, J. (1980). Child maltreatment: An ecological integration. *American Psychologist*, 35, 320–335.

8. Campbell, A. M., & Thompson, S. L. (2015). The emotional maltreatment of children in domestically violent homes: Identifying gaps in education and addressing common misconceptions. The risk of harm to children in domestically violent homes mandates a well-coordinated response. *Child Abuse & Neglect*, 48, 39-49.
9. Christen, Markus; Müller, Sabine (2015). Effects of brain lesions on moral agency: Ethical dilemmas in investigating moral behavior. In: Ohl, F; Lee, G; Illes, J. *Ethical Issues in Behavioural Neuroscience*. Berlin: Springer, 1-30.
DOI: https://doi.org/10.1007/7854_2014_342.
10. Coronado Cabrera, Elizabeth; Cantú Valadez, Maricarmen & Rodríguez Pichardo, Catalina (2014). University diagnosis on the use of ICT in the teaching-learning process under the presential educational modality in Santo Domingo. *EDUTEC*, 14, 1-14.
11. Christopher J. Ferguson, Amanda M. Cruz, Daniel Martinez, Stephanie M. Rueda, Diana E. Ferguson & Charles Negy (2008) Personality, Parental, and Media Influences on Aggressive Personality and Violent Crime in Young Adults, *Journal of Aggression, Maltreatment & Trauma*, 17:4, 395-414, DOI: 10.1080/10926770802471522
12. Cedo Miljevic, Ana Munjiza-Jovanovic, Teodora Jovanovic, Impact of Childhood Adversity, as Early Life Distress, on Cytokine Alterations in Schizophrenia, *Neuropsychiatric Disease and Treatment*, 10.2147/NDT.S396168, Volume 19, (579-586), (2023).
13. Damyan Edwards, Childhood Sexual Abuse and Brain Development: A Discussion of Associated Structural Changes and Negative Psychological Outcomes, *Child Abuse Review*, 10.1002/car.2514, 27, 3, (198-208), (2018).
14. Faller, K. C. (1998). Response to Gardner. *Child Maltreatment*, 3(4), 312–313. <https://doi.org/10.1177/1077559598003004002>.
15. Giovanna Nunes Cauduro, Euclides José de Mendonça Filho, Nicole Pandolfo Silveira, Denise Ruschel Bandeira, Direct and indirect effects of socio-economic status on child development: is developmental parenting a relevant mediator?, *Early Child Development and Care*, 10.1080/03004430.2019.1673384, 191, 11, (1715-1728), (2019)
16. Green A 1996. Child sexual abuse and incest. In: M Lewis (Ed.): *Child and Adolescent Psychiatry*. MA: Williams & Wilkins, pp.41-48
17. Gokce T 2010. The Story and Effects of Home Violence on Psychology of Samsun Primary School Teachers (In Turkish). MA Thesis, Published. Samsun: Ondokuz Mayıs University
18. Gultekin G, Canturk G 2004. Emotional abuse behaviours of adults (In Turkish). *Journal of Forensic Psychiatry*, 1(2): 13-18.
19. Hiller, P., & Goddard, C. R. (1993). Child sexual abuse: Assault in a violent context. *Australian Journal of Social Issues*, The, 28(1), 20-33.
20. Hu, L. T., & Bentler, P. M. (1999). Cutoff Criteria for Fit Indexes in Covariance Structure Analysis: Conventional Criteria versus New Alternatives. *Structural Equation Modeling*, 6, 1-55. <http://dx.doi.org/10.1080/10705519909540118>
21. Kent A, Waller G 1998. The impact of childhood emotional abuse: An extension of the child abuse and trauma scale. *Child Abuse and Neglect*, 22(5): 393- 399.
22. Losada, Analía Verónica (2012). Epidemiology of child sexual abuse. *Journal of Psychology GEPU*, 3(1), 201-229.
23. Losada, Analía Verónica & Jursza, Ivana Rosaura (2019). Abuso sexual infantil y dinámica familiar. *Revista electrónica de psicología Iztacala*, 22(3), 2803-2828.
24. McCloskey LA, Walker M 2000. Posttraumatic stress in children exposed to family violence and singleevent trauma. *Journal of the American Academy of Child and Adolescent Psychiatry*, 39: 108–115.
25. McGiugan WM and Pratt CC 2001. The predictive impact of domestic violence on three types of child maltreatment. *Child Abuse and Neglect* 25: 869– 883.
26. Mullen PE, Martin JL, Anderson JC, Romans SE, Herbison GP 1996. The long-term impact of the physical, emotional, and sexual abuse of children: A community study. *Child Abuse Neglect*, 20: 7-21.
27. Natalie J. Sachs-Ericsson, Julia L. Sheffler, Ian H. Stanley, Jennifer R. Piazza, Kristopher J. Preacher (2017), When Emotional Pain Becomes Physical: Adverse Childhood Experiences, Pain, and the Role

- of Mood and Anxiety Disorders, *Journal of Clinical Psychology*, 10.1002/jclp.22444, 73, 10, (1403-1428).
28. Norman R, Schneider M, Bradshaw D, Jewkes R, Abrahams N, et al. (2010) Interpersonal violence: an important risk factor for disease and injury in South Africa. *Popul Health Metr* 8: 32.
 29. National Clearinghouse on Child Abuse and Neglect, U.S. Department of Health and Human Services. (2004). Child maltreatment 2002. Retrieved from <http://nccanch.acf.hhs.gov>
 30. National Resource Center on Child Maltreatment. (2003). Child maltreatment recurrence: A leadership initiative of the National Resources Center on Child Maltreatment. Duluth, GA: Author
 31. Ozturk S 2007. Psychological Abuse Towards Children (In Turkish). MA Thesis, Published. Elazig: Firat University.
 32. Sangwon Yoon, Renée Speyer, Reinie Cordier, Pirjo Aunio, Airi Hakkarainen, A Systematic Review Evaluating Psychometric Properties of Parent or Caregiver Report Instruments on Child Maltreatment: Part 1: Content Validity, Trauma, Violence, & Abuse, 10.1177/1524838019898456, 22, 5, (1013-1031), (2020)
 33. Savi F 1999. Psychological Abuse Towards Adolescents and its Relationship Between Sense of Self and Anxiety Level (In Turkish). MA Thesis, Published. Bursa: Uludag University.
 34. Taner Y, Gokler B 2004. Child neglect and abuse: Psychiatric sides (In Turkish). *Hacettepe Medical Journal*, 35: 82-86.
 35. Vopel, Klaus (1998). Games for children and preadolescents. Feelings, family, and friends. CCS.
 36. Yucel M 1993. Prevention of Child Neglect and Abuse (In Turkish). 1 st Balkan, Caucasus and Middle East Conference, Ankara, 12-14 April.

The multiple goodness-of-fit tests/indexes used in CFA were:

Indexes	Shorthand	General rule for acceptable fit if data are continuous	Categorical data
Absolute/predictive fit			
Chi-square	χ^2	Ratio of χ^2 to $df \leq 2$ or 3, useful for nested models/model trimming	
Akaike information criterion	AIC	Smaller the better; good for model comparison (nonnested), not a single model	
Browne-Cudeck criterion	BCC	Smaller the better; good for model comparison, not a single model	
Bayes information criterion	BIC	Smaller the better; good for model comparison (nonnested), not a single model	
Consistent AIC	CAIC	Smaller the better; good for model comparison (nonnested), not a single model	
Expected cross-validation index	ECVI	Smaller the better; good for model comparison (nonnested), not a single model	
Comparative fit			
Normed fit index	NFI	Comparison to a baseline (independence) or other model $\geq .95$ for acceptance	
Incremental fit index	IFI	$\geq .95$ for acceptance	
Tucker-Lewis index	TLI	$\geq .95$ can be $0 > TLI > 1$ for acceptance	0.96
Comparative fit index	CFI	$\geq .95$ for acceptance	0.95
Relative noncentrality fit index	RNI	$\geq .95$, similar to CFI but can be negative, therefore CFI better choice	
Parsimonious fit			
Parsimony-adjusted NFI	PNFI	Very sensitive to model size	
Parsimony-adjusted CFI	PCFI	Sensitive to model size	
Parsimony-adjusted GFI	PGFI	Closer to 1 the better, though typically lower than other indexes and sensitive to model size	
Other			
Goodness-of-fit index	GFI	$\geq .95$ Not generally recommended	
Adjusted GFI	AGFI	$\geq .95$ Performance poor in simulation studies	
Hoelter .05 index		Critical N largest sample size for accepting that model is correct	
Hoelter .01 index		Hoelter suggestion, $N = 200$, better for satisfactory fit	
Root mean square residual	RMR	Smaller, the better; 0 indicates perfect fit	
Standardized RMR	SRMR	$\leq .08$	
Weighted root mean residual	WRMR	$< .90$	$< .90$
Root mean square error of approximation	RMSEA	$< .06$ to $.08$ with confidence interval	$< .06$