

**An Appraisal of Surveillance Gaps and Underreporting of Adverse Childhood
Experiences with Evidence from the Hill Districts of Manipur.**

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Abstract

Adverse childhood experiences have emerged as major public health concerns and important determinants of physical and mental health outcomes across the life course. Despite their significance, accurately estimating their prevalence remains challenging due to limitations in existing surveillance systems, barriers to disclosure, and the resulting underreporting of childhood adversity. This study critically appraised the prevailing surveillance system by reviewing existing literature, policy documents, and government records. It complemented this appraisal with empirical evidence from the student community in the hill districts of Manipur. A cross-sectional descriptive-analytical research design was adopted. A total of 557 participants aged 18 – 30 years were selected from eight colleges using a multistage cluster random sampling technique. Using descriptive statistics such as frequencies and percentages, the prevalence estimate of overall and individual exposure as well as their reporting to authorities was estimated, while a chi-square test was employed to examine gender differences. The results indicate that 95.5% of overall participants had experienced at least one childhood adversity, with community violence as the most prevalent adversity (73.8%) and physical neglect as the least prevalent (4.3%). Further, significant gender differences were observed only for sexual abuse, emotional neglect, and physical neglect, while reporting of exposure to authorities remained infrequent. The findings highlight important gaps in the identification and documentation of childhood adversities and underscore the need to strengthen surveillance systems for detection and prevention alongside evidence-informed intervention strategies.

Keywords: Adverse Childhood Experiences, Prevalence, Surveillance Gaps, Underreporting.

Introduction

The epidemiological study of the global mental health crisis indicates that one of the most significant contributors to global mental health problems is the exposure of children to abuse, neglect, household dysfunction, and community violence, which are collectively called Adverse Childhood Experiences (ACEs) (Felitti et al., 1998; Ceccarelli et al., 2022; Sheffler et al., 2020). Exposure to ACE during the crucial developmental period of a child has deleterious consequences in terms of their social, emotional, and cognitive impairment, maladaptive coping mechanisms to stress, and the development of psychopathology. It has an overarching implication on physical and mental well-being, with multiple studies showing a profound and lasting effect on quality of life and life satisfaction (Vederhus et al., 2022; Mosley-Johnson et al., 2019; Trinh et al., 2025). Along with this, the global data on the prevalence of childhood trauma is alarmingly high and continues to surge at an unprecedented level due to conflict and violence.

Against this backdrop is the most challenging task of documenting ACE across the world because an estimate of nearly 90% of child maltreatment alone is unreported and therefore remains undetected by surveillance systems or child protection services (Sethi et al., 2013). ACE remains a hidden epidemic, reflecting the discrepancy between what may actually exist and what is visible to the public discourse. Global surveillance of ACEs has been marred by a lack of comprehensive and validated survey tools, the high cost of conducting surveys, complex and lengthy survey methods, unrepresentative sampling (Meinck et al., 2016), cultural variation in the understanding of abuse and neglect (Korbin, 1991), overreliance on government data, which fails to include many childhood adversities, and underreporting of cases, particularly of a sexual nature due to stigma and taboo associated with family honour and shame in a context like India (Damodaran et al., 2014).

Further, the representational disparity in the national and international surveys, with data relatively from the developed nations, suggests a selective bias in which the lower economic groups, minorities, institutionalised youth, and those that are constrained by socio-political conflicts remained hidden from survey data (Charak, 2015; Trivedi et al., 2024). The present study therefore has the following approaches: (i) appraisal of the preexisting limitation in surveillance of ACEs with specific focus on government-recorded data in rural

hill districts of Manipur; (ii) providing empirical evidence of ACE prevalence and its specificity; and (iii) suggesting some important implications for social deterrents of ACEs in a community-relevant setting.

Global surveillance of ACE

The global magnitude of adverse childhood experiences is alarmingly high and pervasive. According to WHO (2022), nearly one billion children in the age group of 2-17 years are estimated to have exposure to some form of violence, such as physical, sexual or emotional violence, in the past year. Nearly 300 million children aged 2-4 years are regularly exposed to physical punishment and psychological violence mostly perpetrated by carers or parents. One in three students aged 11 to 15 years suffered bullying in one month. One in three students aged 13 to 15 years were involved in a physical fight in the past year, and approximately one in five women as well as one in thirteen men are reported to have experienced sexual abuse in childhood. Similarly, about 120 million girls or young women who are under the age of 20 reported having experienced forced sexual contact.

Contingent upon the patterning and distribution of ACEs globally, ACE prevalences are characterised by regional variation, socioeconomic disparity, cultural norms, and community environment. For example, data show that nearly 65% of the children population in African countries are exposed to physical abuse and about 55% to sexual abuse, whereas the rate of exposure is lower in European countries, with physical abuse at 22.9%, emotional abuse at 29.1%, and sexual abuse at 9.6% (Meinck et al., 2016). Similarly, socioeconomic disadvantage is linked to ACE through decreased life opportunities in education, employment, and poverty (Metzler et al., 2017), which can selectively affect regions or groups within the belt of this economic hardship (Chen & Zhang, 2026; Alcaraz et al., 2024). In certain contexts, cultural norms of harsh punitive actions are normalised, and stigmatisation of open discussion about abuses and violence for fear of community reprisal undermines reporting of cases and help-seeking behaviours (Sadio et al., 2025). These factors are in some ways linked to social environmental degradation, contributing further to crimes and community violence.

The Indian scenario of child maltreatment and its surveillance

A national survey on child maltreatment conducted in 2007 by the Ministry of Women and Child Development indicates that 69% of children and adolescents are exposed to physical

abuse, 53% to sexual abuse, 49% to emotional abuse, and almost 71% of girl children to neglect at home (Kacker et al., 2007). Similarly, according to the 2011 census of India, a population of about 42% is below 18 years of age, of which 40% are at critical risk to problems of homelessness, drug abuse, crime, trafficking, and forced labour (The Planning Commission, 2012). Considering the global demographics, India has about 19% of the world's children's population, out of which millions are presumed to be exposed to a multitude of adversities such as socio-political and economic conflict and community violence (Sharma et al., 2020). Further, the report also indicates the risk of exposure to sexual abuse and violence every second in India (Behere et al., 2013), with sexual abuse occurring every fifteen minutes, and 53% of which is perpetrated by either a parent, relative, or school teacher (NCRB, 2017).

Despite this overwhelming percentage of children at risk, the surveillance system in India faces a major setback that can be attributed to three important challenges. First, the reliance on government administrative data, which lacks regular monitoring and surveillance and undermines the multi-faceted nature of childhood adversities. For instance, the national survey on child maltreatment was conducted only once in 2007 under the Ministry of Women and Child Development, which is considered inconclusive due to its limited scope of capturing only abuse and neglect (Kacker et al., 2007). In a context like India, the estimate of childhood maltreatment is determined through crime statistics and institutional reports such as the National Crime Record Bureau (NCRB), National Commission for Protection of Child Rights (NCPCR), and Ministry of Women and Child Development (MWCD). These governmental institutions primarily document instances of abuse and violence that are liable to criminal offences. This undermines the full spectrum of childhood adversities and biased prevalence estimates because many aspects of ACEs stem from social structural and systemic injustice, which are culturally normalised and do not amount to chargeable offences. As a result, a significant proportion of childhood adversity remains hidden, unreported, and unaddressed (Washikar et al., 2026). This deepens the gaps in systematic calibration of actual psychological trauma estimates and potentially undermines the threat posed by multiple adversities.

Secondly, the sociocultural influence and economic factors on the reporting of child abuse, neglect, and violence. A study shows that one of the major reasons for nondisclosure of abuse and neglect among young adolescent girls was shame and distrust in authority due to

persistent failure to take stringent actions (Daral et al., 2017). The common practice of strict adherence to traditional values, cultural norms, and strong family ties promotes collective identity and discourages open discussion about abuses, which are perceived to bring shame and dishonour to the family. This burden of stigma discourages the victims from reporting and often conceals the crime (Fernandes et al., 2021). Moreover, the fear of repercussions for violating cultural norms on matters considered to be taboos, such as anatomy, relationships, and personal limits, compromises the child's ability to recognise indicators of abuse (Washikar et al., 2026). Similarly, a substantial risk of exposure to child maltreatment is seen in families with economic hardship, as it influences their approach to childcare and concern for their wellbeing (Fernandes et al., 2021). It undermines reporting of childhood maltreatment due to complex legal procedures and high cost, limited awareness of reporting mechanisms, and economic dependence on the perpetrator.

Third, the implementation gap between the legislation and enforcement of child protection laws. Though numerous laws under various acts are enacted, such as the Protection of Children from Sexual Offences (POCSO) Act of 2012, the Juvenile Justice (Care and Protection of Children) Act of 2015, and the Commissions for Protection of Child Rights Act, 2005, serious lapses in the awareness and effective implementation of the acts have come under scrutiny, as only the POCSO Act remains active in preventing child sexual abuse (Fernandes, Fernandes et al., 2021). For example, a popular national newspaper, "*The Hindu*", in their published article "Series of Gaps: on underreporting of child sexual abuse", reported that cases involving POCSO trials have a pendency rate of 89% and a conviction rate of 3% to 30%, despite the requirement of complete trial and conviction within a year reflecting the ineffectiveness of the police and judiciary. Thus, the experience of police apathy, prolonged legal procedure, lack of timely intervention, and failure to deliver due justice erodes public trust and confidence, which deters the public from reporting the cases.

The case of Manipur

Reflecting on the state of Manipur with its long-standing history of conflict and violence between tribes, inter-ethnic groups, and the state versus the people, especially the tribal communities who are perceived to be victimised (Kumar et al., 2007), the state has become a high-risk region for children to multiple ACEs exposure. With decades of conflict and violence related to socio-political, economic, and ethnic identity (Kipgen, 2013), the hill

districts in particular are subjected to multiple disadvantages of systemic injustice of power, corruption, denial of infrastructural development and economic deprivations. The state has plunged into a vicious cycle of trauma for inhabitants, with studies indicating a heavy toll on mental health degradation (Kesharvani & Sarathy, 2020).

Since the outbreak of the ethnic conflict in May 2023, the state has plunged into complete chaos of humanitarian crises involving killing, kidnapping, hostage taking, forced displacement, and destruction of property. *The Times of India (2026)* reported that more than 260 people lost their lives and nearly 70,000 people are internally displaced. The number of casualties is expected to increase further due to vicious ongoing violence between different communities with no visible sign of resolution. The deployment of huge military personnel and the creation of buffer zones by the state administration have completely failed to curb the violent confrontations, leading to public distrust of safety and security and increased agitation. The tragic consequence of this violence will most affect the children in the form of indelible memories of trauma that are sustained over time, influencing their psychosocial and emotional development.

Concurrent with this catastrophic reality of violence in the state is the formidable challenge of protecting the vulnerable children from abuse, neglect, and any form of physical and psychological harm. As numerous studies have indicated, children often suffer from being the highest casualties of war and violence (Wild et al., 2021; Çelikel et al., 2015). This is because children are often easy targets and remain defenceless in the face of conflict and violent confrontation. Furthermore, the cost of post-conflict trauma among children contributes substantially to physical and psychological breakdown. Pertinent to this fundamental challenge of protecting children is the critical question of whether the state is able to effectively implement child protection laws.

Reporting on the ethnic violence in Manipur, *India Today NE*, 2026, reported that almost 25000 out of nearly 65000 IDPs are children and are frequently subjected to multiple cases of extreme violence, abuse, severe mental distress, and even death. The failure to provide adequate essential supplies as well as psychosocial support by the state administration has been heavily criticised. Critical to this is the failure of the state to implement the Child Rights policy, which was proposed to safeguard a child's dignity and its rights by ensuring a safe, inclusive, and nurturing environment. It aims to bring accountability and coordination among the stakeholders who are actively engaged in

children's welfare, but despite the comprehensive draft being prepared in 2017 and revised in 2020, the policy draft remains pending, aggravating the burdens further (Devi, 2026).

Considering these contextual factors of high ACE prevalence estimates, the implementation gap between policy and preventive actions, the regional instability due to conflict and violence, and lack of comprehensive community-level data on ACEs (Damodaran & Paul, 2017), this study attempts to provide empirical evidence of the magnitude of ACEs beyond officially reported cases of abuse and neglect of the vulnerable populations of the hill districts of Manipur. Further, it will provide crucial evidence for future epidemiological investigation and urgent public health responses and help prioritise the contextual need for prevention, interventions, and policy reforms. It also has an important implication for policymakers, healthcare providers, educators, stakeholders working for child protection, and community leaders.

Methods

Participants

Considering the diversity of the target population and to ensure comprehensive geographical, demographic, and institutional representations across the hill districts of Manipur, a total of (N=557) participants were recruited from eight colleges located in four hill districts (i.e., Senapati, Ukhrul, Chandel, and Churachandpur) through a multistage cluster random sampling method. The selection was based on students who are aged 18-30 years (mean age = 20.18, *SD* = 2.02), have completed at least the higher secondary level of education, and are permanent residents of the hill districts of Manipur. The sampling process involves three stages of selecting a cluster (district-colleges-classrooms) derived from the administrative dataset of the official web portal, the official website of the Directorate of University & Higher Education, Government of Manipur, and the institutional registry using a computer-generated random number procedure in Microsoft Excel. The current sample is composed of nearly equal percentages of male (49.7%) and female (50.3%), and an ethnic composition of 74% Naga, 12.2% Kuki, 10.1% Paite, and 3.8% Nepali.

Research Design

The study employs a cross-sectional, descriptive-analytical research design to

estimate the prevalence of overall ACEs, each of the 13 categories of ACE, and the number of ACEs that are reported to authorities in the study population.

Procedure

The process begins with a telephonic conversation with the head of the institution seeking permission to allow the students to participate in the study. Upon confirmation of their participation, a formal email was sent to the head of the institution with a brief description of the area and purpose of the study, possible timeline for data collection, and the number of samples needed. On the specified date, the researcher visited the randomly selected classrooms as per the schedule given for different classes. A brief introduction along with the purpose of the study and risks involved in retrospection of ACE and adherence to strict ethical guidelines, including voluntary participation, anonymity, confidentiality, and their right to withdraw anytime without any consequences, was properly explained. Following this, the data collection process began by obtaining informed consent from each participant through signing the form. Proper instructions and guidelines for filling the questionnaires were given. A self-administered structured questionnaire, along with demographic details, is distributed to each participant, and all participants complete the questionnaire under the careful supervision of the researcher.

A proper ethical guideline as per APA ethical principles and code of conduct (2017) was followed. In the event of any emotional discomfort, participants were informed of the psychological support services provided by the counsellor in the college. The completed questionnaires were properly gathered and stored in a secure place, which is then followed by coding the responses into SPSS software for all statistical analysis.

Measures

Adverse Childhood Experience–International Questionnaire (ACE-IQ) (Geneva: WHO, 2018).

The Adverse Childhood Experience-International Questionnaire is a retrospective survey tool developed to measure 13 different adversities experienced during the first 18 years of age. The 13 different ACEs are physical, emotional, and sexual abuse; household dysfunction characterised by living with members who are incarcerated, mentally ill, or substance abusers; household members being treated violently; and parental separation or

divorce; emotional or physical neglect; experience of bullying; and exposure to community and collective violence. It is a dichotomous measure with exposure to each ACE coded as 1 and not exposed to ACE as 0. This scale has been validated and used in many countries (Santelices et al., 2025; Ho, G.W.K. et al., 2019). The reliability score of the present study has a Cronbach's alpha value of .653, which is considered to be acceptable due to its normative nature reflecting different dimensions of adversities. Additionally, each participant was asked to respond whether they had reported their experience to authorities such as parents, guardians, community leaders, or police.

Statistical Analysis

The frequency distribution of the study was estimated using SPSS version 25. Distribution of sociodemographic characteristics and the prevalence of ACEs were computed using descriptive statistics. Frequencies and percentages are outlined in the descriptive analysis. A separate chi-square (X^2) test of independence was used to determine significant differences in each type of ACE and gender.

Results

Descriptive analyses

The descriptive analyses provide an estimate of the prevalence of overall ACE, the distribution of each ACE in males and females, and the number of cases reported to authority (parent, guardian, community leaders, or police).

Table 1: Frequency distribution estimating ACE prevalence and number of reports to authority in the study population (N = 557).

Types of ACEs	No. of exposed Individuals (n)	Percentage (%)	Reporting to Authority
Abuse			
Physical	295	53	4(1.3)

Emotional	238	42.7	0
Sexual	64	11.5	2 (3.13)
Household Dysfunction			
Household Substance Abuse	183	32.9	0
Incarcerated household member	36	6.5	0
Mental illness in the household	75	13.5	0
Household member treated violently	301	54	0
Parental separation/divorced	125	22.4	0
Neglect			
Emotional	95	17.1	0
Physical	24	4.3	0
Violence			
Bullying	157	28.2	11 (7.01)
Community	411	73.8	0
Collective violence	43	7.7	0

Note. Authority comprises parents, guardians, community leaders, and police.

The result from Table 1 indicates that 95.5% of the study population were reported to have been exposed to at least one or more ACEs. Among all ACEs, exposure to community

violence recorded the highest percentage (73.8%), followed by household members treated violently (54%) and exposure to physical abuse (53%). On the other hand, physical neglect was reported the least (4.3%).

Correspondingly, the number of cases of abuse, household dysfunction, neglect, and violence reported to authorities is sparse. Only four participants (1.36% out of a 53% rate of exposure) reported physical abuse to community leaders, two participants (3.13% out of 11.5% exposure) reported sexual abuse to parents, and eleven participants (7.01% out of 28.2% exposure) reported their experience of bullying to parents and school authorities. The majority of the participants with multiple exposures to ACEs did not report any of their experiences, indicating a possible underlying factor of socio-structural problems that needs further investigation. The frequency distribution of each ACE by sex and results of Pearson's chi-square test examining the association of ACEs with sex are presented in Table 2.

Table 2. Frequency of ACE exposure and its association between males and females (N=557).

ACE category	Male, n (%)	Female, n (%)	χ^2 (df-1)	p	Φ
Physical abuse	151 (54.5)	144 (51.4)	.532	.466	-.031
Emotional abuse	122 (44.0)	116 (41.4)	.389	.533	-.026
Sexual abuse	16 (5.8)	48 (17.1)	17.69	.000	.178
Substance abuse in the household	84 (30.3)	99 (35.4)	1.598	.206	.054
Incarcerated household member	15 (5.4)	21 (7.5)	1.001	.317	.042
Mental illness in household	38 (13.7)	37 (13.2)	.031	.862	-.007
Violent treatment of household member	148 (53.4)	153 (54.6)	.083	.774	.012
Parental separation/divorced	62 (22.4)	63 (22.5)	.001	.974	.001
Emotional neglect	34 (12.3)	61 (21.8)	8.905	.003	.126
Physical neglect	20 (7.2)	4 (1.4)	11.32	.001	-.143

Bullying	86 (31.0)	71 (25.4)	2.227	.136	-.063
Community violence	214 (77.3)	197 (70.4)	3.427	.064	-.078
Collective violence	27 (9.7)	16 (5.7)	3.179	.075	-.076

Note. χ^2 = Pearson Chi-Square; Φ = Phi coefficient. Percentages are reported within sex groups. Significant associations are indicated by $p < .05$.

Despite the significant number of people reported to have been exposed to ACEs (95.5%), the difference in exposure between males and females is less. A few exceptions are seen in the case of sexual abuse, emotional neglect, and physical neglect. An analysis using a chi-square test of independence indicates that exposure to sexual abuse has a statistically significant association with gender, $\chi^2(1, N = 557) = 17.69, p < .001$ (even after Bonferroni correction), though the effect size is small ($\Phi = .178$) and Cramer's $V = .178$. Female participants show higher exposure to sexual abuse (11.3% higher) than males. Similarly, for emotional neglect $\chi^2(1, N = 557) = 8.91, p = .003$, the effect size is small ($\Phi = .126$) and Cramer's $V = .178$, indicating that females have a higher exposure to emotional neglect (9.5% higher) than males. Finally, for physical neglect, $\chi^2(1, N = 557) = 11.33, p = .001$, with a small effect size ($\Phi = .143$) and Cramer's $V = .143$, indicating higher exposure of males to physical neglect (5.8% higher) than females. All three types of ACEs remain significant even after Bonferroni correction (adjusted $\alpha = .0038$).

Discussion

The present study with student community-based assessment data provides a concordant finding with multiple studies of high ACE prevalence, specifically of the peripheral communities. The exceedingly high prevalence of ACE (95.5%) in the study population substantially surpasses that of the prior studies. It reflects a distinct sociopolitical and environmental context of Manipur, where most adversities come from exposure to community violence (73.8%) and witnessing violent treatment of household members (54%). The high prevalence of ACE, particularly the exposure to the violent nature of adversities, is noteworthy because it undoubtedly reflects the context of Manipur, which stands as one of India's most conflict-affected regions due to many decades of social and political instability, ethnic tensions, armed insurgency, and drug-related violence (Yumnam et al., 2017). The

rampant violation of human rights with total immunity and failure of the state and judiciary to deliver justice has contributed to the development of deep-seated psychological fear and mistrust (Singh, 2012).

As numerous studies have pointed out, a fragile social environment with constant conflict and violence is a strong determinant of ACEs and trauma (Camacho & Henderson, 2022; Trinidad, 2021). Unlike the high prevalence of physical and sexual abuse in the general population of India (Nijhara et al., 2018; Damodaran & Paul, 2017), the predominant exposure to community violence in this study suggests the broader social structural influence in aggravating ACEs and not just a family environment. This reflects the complex dynamic of child development in which development is affected by the interaction of multiple environmental factors (Bronfenbrenner, 1994). The institutional collapse and social fragmentation expose communities to violent confrontation, which elevates the risk of ACE exposure and psychosocial problems. Inevitably, the negative outcomes of this social structural breakdown have far-reaching consequences across generations in the form of a trauma cycle.

The prevalence of each type of ACE shows almost equivalent distributions between genders, indicating the pervasive nature of ACE in both males and females. However, gender differences are found in three ACE types. In corroboration with prior studies, experience of sexual abuse is higher in females than in males, with studies attributing these trends to factors such as gender inequalities, which are often legitimised by patriarchal beliefs and biased cultural norms and values of male dominance and control (Kalra & Bhugra, 2013; Kearns et al., 2020; Adhikari & Tamang, 2010). Similarly, emotional neglect was higher among females, whereas for physical neglect, the male gender shows a higher percentage. This result has similarities as well as contrasting findings. Most literature reports higher physical neglect among males, which is congruent with the present finding, but the higher emotional neglect among females contrasts with other studies, such as by Liebler & Sandefur (2002) and Slavin & Rainer (1990), in which females are reported to receive higher emotional support than males. Few studies report higher emotional neglect among females than males (Wan, Li, & Gu, 2021; Wanamaker et al., 2022; Bader & Frank, 2025). This may reflect the socio-cultural variation in gender-specific caregiving practices and socialisation processes and implies the need to implement gender-sensitive prevention and intervention. Despite the extensive literature on child abuse and neglect, challenges in estimating the right magnitude and broad

range of ACEs remain in developing countries like India. The reliance on institutional reports of child maltreatment, which are essentially for the purpose of documenting criminal offences, is not comprehensive, leaving a huge chunk of ACE categories such as emotional abuse, neglect, household dysfunctions, and community violence largely undocumented. These challenges are aggravated by a massive population, limited resources and budget allocations, deep-rooted social stigma, normalisation of punishment, lack of adequate legal frameworks, and lack of standardised tools for nationwide surveys (Charak & Koot, 2014). These limitations have a consequential implication of undermining the seriousness and urgency of the actual burden in effective screening, policy reform, resource allocation, prevention and intervention strategies at the community level.

This study also provides compelling evidence of underreporting of ACEs to authorities despite a high rate of exposure when surveyed through a self-report measure. Only a fraction of the participants reported their experiences to authoritative figures. Out of the 13 different ACE exposures, reporting was observed only in physical abuse (1.36%), sexual abuse (3.13%), and bullying (7.01%). Reflecting on these outcomes, some plausible factors that can be attributed are (a) social stigma associated with sexual abuse, which is often perceived to bring family dishonour, shame, and social exclusion. This social perception in a close-knit community may hinder or discourage any victims from reporting their experiences; (b) normalisation of violence as an everyday reality for people residing in a region of conflict and social instability; (c) absence of legal institutions in rural areas and awareness of their legal rights; (d) cultural acceptance of corporal punishment or harsh punitive measures as a disciplinary act; (e) lack of a proper support system limiting access to child protection services for children where they can approach and share their experience without fear or being judged. These factors can collectively work to undermine how ACEs are perceived and reported and underscore the indispensable implication of ACE as an epidemic that is often hidden within conflict and violence. It depicts a social reality of the pervasiveness of ACE within an underlying social structural degradation.

Hence, a comprehensive response for the prevention and management of ACE is urgently needed in the hill districts of Manipur. The researchers propose a context-relevant remedial approach for effective implementation. First, community platforms such as churches, village councils, schools and colleges can be utilised to spread awareness of ACE and its detrimental effects and educate people on the associated stigma and their

responsibility to create a supportive environment. The target of this initiative is to sensitise people and bring about a behavioural change in terms of prevention, acceptance, and inclusion. Second, encouraging routine screening in educational institutions and hospitals to strengthen the coverage of early detection and intervention strategies. Studies on childhood trauma indicate that early detection is critical to survival, treatment response, recovery, and prevention of long-term disability and psychological problems. Third, providing psychosocial support and intervention programmes through qualified practitioners in psychotherapy and trauma-informed care. This requires a collective effort of policymakers and institutional heads to mandate the availability of qualified practitioners within each district. Fourth, providing legal support in severe cases of abuse and violence. Most cases go unreported due to lack of legal awareness and support systems. This service will encourage more reporting and accountability on the part of law enforcement agencies.

Limitation

There are several limitations of the study that need to be highlighted. First, it is a prevalence study based on frequency distribution, and therefore, the in-depth quality of the exposure and its impact on psychosocial outcomes is excluded. Second, the use of retrospective dichotomous measures may influence accurate reporting of their experience, leading to recall bias, distorted information on variability and its effect size, loss of information, and statistical power. Third, ACE-IQ measures experiences of adversities such as abuse and violence, which are sensitive and personal and therefore increase chances of underreporting due to shame or stigma. Moreover, the limited categories of ACE in the questionnaire fail to capture many other types of adversities. Fourth, the sample population is limited to college students, and therefore a huge population of young adults who are either dropouts or without a college degree is not represented. Though these limitations exist, the study provides a valuable insight about the magnitude of ACE, its distribution across gender, and contextual problems of underreporting. This will contribute as baseline information for future research, prioritising prevention and intervention.

Conclusion

An appraisal of institutional surveillance of ACEs reveals a contextual barrier in the accurate presentation of the magnitude of ACEs. Constrained by different social cultural perceptions of childhood adversities, lack of comprehensive survey tools, regional variation in representation, restricted coverage of governmental records, and ineffective implementation of child protection policy, the existing surveillance system fails to detect the vast dimensions of ACEs, resulting in omitting a huge population from the radar of ACE surveillance. Many of those exposed to ACEs go unreported, making them vulnerable to psychosocial problems later in life. Moreover, the present empirical finding reinforces the existing evidence on the prevalence of ACEs worldwide. More specific to the study is the higher prevalence of exposure to the violent nature of adversities in the hill districts of Manipur, which reflects a risky social environment for children that requires a collective effort in implementing preventive measures and providing adequate support. Further, some context-relevant responses and the need for systematic calibration of ACE reporting systems are suggested, which will benefit the population in taking proactive measures to curb child abuse, neglect, and violence towards children.

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