

**A Comparison between Urban and Rural
Child Abuse
(Kafr El-Dawar Region Study)**

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Abstract:

Child abuse is a major public problem with significant economic and human burden.

Objectives:

To explore the socio-demographics and other characteristic factors related to child abuse in a sample of Egyptian children from (6- 12) year, living in Kafr EL Dawar region (city and countryside).

Design of the study:

Case control study.

Subjects& Methods:

Two hundred and fifty children and their caregivers were recruited from the outpatient clinic of Kafr El Dawar General Hospital, another age and sex matched 250 non abused children and their caregivers were enrolled as controls. Parents from both groups assessed by Fahmy and Sherbini scale for social class assessment. All children were assessed using the General Health Questionnaire, interviewed by the MINI KID, and child Abuse and Neglect screening designed questionnaire.

Results:

Abused males were (62.4%) vs. (37.6%) females ($P=0.015$), more in rural area (64.4%) vs. (35.6%), ($P=0.456$). Risk factors included: earlier order of birth, offender parents with lower levels of education, lower grades of occupation, lower income, higher divorce, more single parents, higher incidence of psychiatric illness, and substance abuse than the non offender ones. Parents of the abused children showed more prevalence of psychiatric illness, 6% vs 2.4% of non abused children ($P= 0.045$), and more history of substance abuse 12.4%vs 4.8% of non abused ($P= 0.002$). Regarding the family history, it was noticed that history of childhood abuse was highly prevalent in parents of the abused children than those of the other group, (32.4%) vs. (13.2%) of non abused ($p < 0.001$), as well as their siblings who were abused in (46.8%) of cases vs. only (4.8%) of siblings of the non abused group ($P < 0.001$). Meanwhile, we studied

the differences between the various complains bringing both groups to the paediatric clinic, as well as the duration of those complaints. It was obvious that the abused group had significantly more Pain complaints, as well as neurological ones than the non abused group (20% vs. (6%),and (4%) vs. (2%) respectively, (P < 0.001).

Conclusion:

Child abuse is not an uncommon problem in Egypt, especially in rural areas. Male children, with earlier birth order, having parents with low educational level and low income, divorced, or single parents, with higher incidence of past history of psychiatric illness, and substance abuse, are at higher risk for abuse, and consequent psychiatric morbidities than the others.

Keywords:

Child abuse, Socio-demographics, Risk factors, Urban, Rural

Introduction:

In 1999, the WHO drafted the following definition: "Child abuse or maltreatment constitutes all forms of physical and/ or emotional ill-treatment, sexual abuse, neglect or negligent treatment or commercial or other exploitation, resulting in actual or potential harm to the child's health, survival, development or dignity in the context of a relationship of responsibility, trust or power". (Bross et al., 2000).

Consequences related to child abuse represent a major public health problem with significant economic and human costs. These consequences are far reaching and include health, social, behavioural and mental health problems for both children and adults (Lown et al, 2011). Physical health problems include sexually transmitted diseases, heart, lung, and liver disease, In some cases, important regions of the brain fail to form or grow properly, resulting in impaired development (Child Welfare Information Gateway, 2008; De Bellis& Thomas, 2003), with long-term consequences for cognitive, language, and

academic abilities (Watts-English, et al., 2006). In addition, domestic violence is linked with malnutrition, which in turn, along with abusive child behaviour adversely affect the child's social and emotional functioning in school, starting in preschool (Anda et al.2005).

Emotional effects of abuse and neglect include isolation, fear, and an inability to trust, which can translate into lifelong consequences, including low self-esteem, depression, and relationship difficulties (Child Welfare Information Gateway, 2008; Dubowitz et al., 2002); in addition to panic disorder, dissociative disorders, attention-deficit/hyperactivity disorder, depression, anger, posttraumatic stress disorder, and reactive attachment disorder (Teicher, 2000; De Bellis& Thomas, 2003; Springer et al., 2007). Accordingly, Children need safe environments and nurturing relationships to grow and thrive, as abuse and neglect can impede a child's growth and development, (Wang, and Holton, 2007).

The prevalence rates of child abuse differ between rural and urban regions due to the significant challenges that face rural communities; such as, higher poverty, special culture and believes, and fewer resources. Accordingly, a high proportion of neglect in rural communities, physical abuse is the most prevalent forms of child abuse, especially in urban communities (Belanger, and Hoffman, 2008).

Four types of child abuse are recognized; physical abuse, sexual abuse, neglect, and emotional maltreatment (Child Trends, 2005).

1. Physical abuse which is defined by the World Health Organization as "Any intentional use of physical action against a child that causes or is likely to cause harm to the child's health, survival, development or dignity, including beating, kicking, shaking, biting, strangulation, scalding, burning, deliberate poisoning and

suffocation, or failure to prevent physical injury (or suffering)" (Jakupčević and Ajduković, 2011).

2. Sexual abuse, which is defined by the Swiss Foundation for Child Protection (Kinderschutz Schweiz, 2011) as involving a child in sexual activity that the child does not fully comprehend, is unable to give informed consent to, or is not developmentally prepared for. The relationship between perpetrator and victim is defined as one of responsibility, trust, and/or power being abused by the perpetrator to gratify his or her sexual needs (Schönbucher et al, 2011). It includes fondling a child's genitals, intercourse, incest, rape, sodomy, exhibitionism and exploitation (Goldman, et al., 2003)
3. Emotional abuse, Emotional abuse includes the failure of a caregiver to provide an appropriate and supportive environment, and includes acts that have an adverse effect on the emotional health and development of a child. Such acts include restricting a child's movements, denigration, ridicule, threats and intimidation, discrimination, rejection and other nonphysical forms of hostile treatment (WHO, 2002).
4. Neglect, Neglect refers to the failure of a parent to provide for the development of the child where the parent is in a position to do so- in one or more of the following areas: health, education, emotional development, nutrition, shelter and safe living conditions (WHO, 2002).

Long-term consequences vary individually as a result of a combination of factors (English et al., 2005), such as, age, gender, developmental status at time abuse took place, type of abuse, frequency, duration, severity of abuse, relationship between the victim and abuser, protective factors, individual characteristics (optimism, self esteem, intelligence, humour) and social environment (access to caring

adult) (Child Welfare Information Gateway, 2008).

Objectives Of The Study:

The current study aims to compare the socio-demographics and other characteristic factors related to child abuse in a sample of Egyptian children from (6- 12) year, living in Kafr EL Dawar region (city and countryside), in addition to assessing the associated psychiatric morbidity among the abused children in comparison to the control group.

Subjects And Methodology:

- ✧ Design Of The Study: The current study is a case control study.
- ✧ Site Of The Study: Subjects and controls were recruited from paediatric outpatient clinic in Kafr El Dawar General Hospital, within 1 year duration (from June 2009 to May 2010). Kafr El-Dawar City is located in the north of Delta of Egypt; it is 608.27 km². Its residents work in textile companies, which are the main industrial activity over there, while agriculture is a major activity for the countryside that surrounds the industrial town. The number of population is 787,221 people according to the census of 2006; (32.36%) of them live in urban areas and (67.64%) in rural areas, with variable incomes, customs, and traditions.
- ✧ Sample Recruitment: Children attending the outpatient clinic in Kafr El Dawar General Hospital during the period of the study were screened for child abuse and neglect using a questionnaire developed by working team after reviewing publications on child abuse and neglect (Wissow, 1995; Evren et al, 2006; Zolotor et al, 2009). Accordingly, on each day of the study, children were stratified into abused and non abused ones; with the objectives explained for their parents/ caregivers for recruitment. However, certain criteria had to be fulfilled, such as, age (6- 12) years from both

sexes, and children and their caregivers should be coming to the paediatric outpatient clinics. Naturally recruitment of the non abused group was easier; although the screening revealed a larger number, only two hundred and fifty parents of the abused children agreed to participate in the study after ensuring confidentiality, while the rest refused either for fear of legal drawbacks, or due to the bad general condition of the children. Hence, we managed to enrol another two hundred and fifty age and sex matched non abused children along with their parents, after excluding from both groups children coming to the hospital with individuals who are not their caregivers, and those coming to the hospital alone. Eventually, the two groups of the study sample were formed, the abused group (subjects), N=250 children and parents, and the non abused one (the controls), N=250 children and parents.

Then, children of both groups were subjected to:

1. General history taking, with special focus on demographic data, previous medical history and current medical status, as well as parental age, medical history, and previous psychiatric illness.
2. Physical examination for abused children, with inspection of regional injuries was conducted, requested investigations (X-ray, brain Imaging, Abdominal Ultrasound) were done when suspected an abused child.
3. General Health Questionnaire to screen for potential psychiatric illness (Okasha et al 1988).
4. Interview with MINI KID (Sheehan 1998: The Mini International Neuropsychiatric Interview for Children (MINI-KID) was used to identify psychiatric disorders among children of both.

5. Abused children were screened using a questionnaire designed by teamwork.

Then the parents/ caregivers were examined by: Fahmi and El Sherbini Scale for social class data (1983); with the family income inquired for and considered low \leq 750 LE /month, medium 750- 1500 LE/ month and high \geq 1500 LE/ month.

✦ Tools:

1. The General Health Questionnaire (GHQ)-Arabic version (Okasha et al, 1998) which was used to screen for out psychiatric morbidity in parents/ caregivers of both groups.
2. MINI KID (Sheehan et al,1998)-Arabic version. The Mini International Neuropsychiatric Interview for Children (MINI-KID) was designed following the same structure and format of the adult version. The MINI-KID follows the DSM-IV and ICD-10 criteria for the diagnosis of psychiatric disorders and screens for 17 Axis I disorders. It is a reliable and valid measure of child and adolescent psychopathology that can be administered in a short time (5- 15) minutes. The branching logic model is used to reduce the number of questions asked to only those necessary to determine the presence or absence of each diagnosis. It's sensitivity and specificity is high (0.61- 0.80) to very high (0.81+) for all diagnosis. The test-retest reliability of the MINI-KID is uniformly high to very high for all psychiatric disorders. It is used in the translated Arabic version (Ibrahim M et al, 2002).
3. The Child Abuse and Negligence scale: It is a scale developed to screen for child abuse and negligence. It covers 3 main domains:

physical, psychological and neglect. Each domain comprised of 22 questions of 4 level answer (1= never, 2= rarely, 3= sometimes, 4= always). The reliability and validity of the test were done by developers by several ways, and showed to be reliable and valid for use.

Still we retested the validity and reliability on a sample of our subjects as follow, table (1) shows that reliability factor measured in different methods was significantly high denoting validity of the scale.

Table (1) Validity tests for child abuse and neglect scale:

Method Of Measure	Validity Factor	P Value
Split Half	0.652	0.01
Cronbach's Standardized Alpha	0.881	0.01

Reliability was measured using discrimination validity between healthy and abused subjects and table (2) shows that there is a significant different discrimination in direction of abused ones vs. healthy children, indicating validity of the test and ability to discriminate between different groups.

Table (2) Reliability Test

Groups	Abuse (no=60) Mean ±SD	Healthy (no=60) Mean ±SD	T value	P value
Child Abuse& Neglect Scale	127.20±21.18	71.9±3.39	19.971	0.001

4. Fahmy and Sherbini Scale for social class determination (Fahmy and Sherbini,1983)

- ✧ Ethical Issues: The study was approved by the ethical committee of the Institute of Postgraduate Childhood Studies, Ain-Shams University prior to starting the procedures, and a written informed consent was obtained from parents or caregivers after detailed explanation of the steps, as well as the objectives of the study.

Statistical Analysis:

Data analysis was done using SPSS version 15 (SPSS-15). Student's T test (t) was used for comparison between means of the different groups. Pearson Chi-Square Test (χ^2) was used for comparison between qualitative variables. P value was used to indicate the level of significance where $P \leq 0.05$ is considered significant (SIG), $P \leq 0.01$ is highly significant (HS), $P \leq 0.001$ is (VHS) very highly significant. Logistic regression analysis which is used for prediction of the probability of occurrence of an event by fitting data to a logistic curve.

Results:

- ✧ Socio-demographic characteristics of the sample: Analyzing and comparing the demographics of the sample in the current study (table 1) shows that the mean age for the abused children was (8.7 ± 2.0) ; on the other hand, percentage of males was greater than the females (62.4%) vs. (37.6%), in the abused group. It was also noticed that there is a higher incidence of abuse and negligence in the rural areas vs. urban areas (64.4%) vs. (35.6%). At the same time, the abused children were significantly earlier in order of birth than those who were not abused ($P = 0.022$). Meanwhile, they had significantly more brothers and fewer sisters than the non abused children. Also, data in table (1) shows that when comparing the paternal socio-demographics between both groups, we found that there was no statistical significant difference in mothers' age ($p = 0.649$), neither in fathers' age ($p = 0.995$). However, there were significantly more incidence of higher levels of education among parents of the non abused children, ($P = 0.012$), as well as more incidence high social classes (20.4%) in non abused group vs. (10%) in abused one, with (6.4%) incidence of very low

social class in the abused group vs. Only (2.0%) in the non abused one ($P=0.004$), as determined by Fahmy and Sherbini scale. (1998)

Correlating socioeconomic level of the family regarding income with child abuse and neglect revealed that lower grades of individual income to be more frequent in abused group than non-abused group, with statistically significant difference, ($P= 0.049$)

- ✧ Family History: Regarding the family history, it was noticed that history of childhood abuse was highly prevalent in parents of the abused children than those of the other group, (32.4%) vs. (13.2%), ($P< 0.001$), as well as their siblings who were abused in (46.8%) of cases vs. only (4.8%) of siblings of the non abused group, ($P< 0.001$). In addition, parents of the abused children showed significantly more prevalence of psychiatric illness, ($P= 0.045$), and significantly more history of substance abuse ($P= 0.002$). Comparing other familial characteristics between both groups revealed that divorce and parental separation were more prevalent in families of the abused children, as shown in table (2).
- ✧ Past Medical History: Both children groups were assessed regarding the presence of past medical history, however, the results were statistically insignificant regarding: past medical diseases ($P= 0.454$), past history of drug treatment ($P=1.000$), past history of previous operations ($P= 0.077$), and finally regarding past history of trauma ($P= 1.000$).
- ✧ Regional Injury: All children enrolled in the study were subjected to full clinical examination, with inspection of regional injury signs. All over the body, there were ecchymosis (1.2%) wound scars (4.4%), and burn scars in (3.2%). It was clearly noticed that there is a

predominance of certain areas for wound scar injury mainly in the extremities 10%, followed by abdomen, head and neck 2.8%, back and spine 2.4% and finally chest 0.4%.

- ✧ Children's Complaints: Meanwhile, we studied the differences between the various complains bringing both groups to the paediatric clinic, as well as the duration of those complains. It was obvious that the abused group had significantly more pain complaints, as well as neurological ones than the non abused group (20%) vs. (6%), and (4%) vs. (2%) respectively, ($P< 0.001$). On the other hand, the non abused group had more respiratory, GIT, and urinary complaints, as evident in table (3). At the same time, the duration between complains and seeking medical advice was significantly longer in the abused group than the non abused one ($P< 0.001$).

Furthermore, we proceeded towards studying the different scoring of the abused group in relation to their residency. It was noticed that in the total scores, the abused children's results from rural areas were significantly lower than those in urban areas ($P= 0.021$). At the same time, negligence scores were higher in children from rural areas, however, insignificant ($P= 0.552$). Otherwise, there was no statistical difference in the rest of their scores included in the Negligence and Abuse Rating Questionnaire.

Then, we proceeded towards studying the impact of both gender differences on the scoring of the Child Negligence and Abuse Questionnaire, in relation to residency. At that point, data collected revealed that the abused males scored higher total abuse score in rural areas than in urban areas, same as females, however, statistically insignificant ($P= 0.241$),

($P=0.707$) respectively.

While in Negligence scores, males were significantly more neglected in the rural areas compared to urban ones ($P=0.01$) as well as more significant higher physical abuse ($P=0.04$) in those areas than the urban ones as for psychological abuse data showed higher numerical value which was not significant. Female data indicated no significant difference related to residence, although numerical values of rural areas were indicative of more abuse than urban areas in all abuse domains.

- ✧ **Psychiatric Morbidity In Children:** Children in both groups of the study, were interviewed with the MINI KID, and it was found that there are significantly higher incidence of psychiatric morbidities among the abused children (17.6%) vs. only (5.6%), ($P=0.02$), as shown in table (4), with higher incidence of several mental disorders in the abused group, such as PTSD (5.6%) vs. (0%), GAD (5.2%) vs. (0.8%), ADHD (3.2%) vs. (1.6%) and respectively.

Discussion:

Safe environments and nurturing relationships are needed for children to grow and thrive, while abuse and neglect can impede a child's growth and development, (Wang and Holton, 2007). On the other hand, consequences related to child abuse represent a major public health problem with significant economic and human costs (Lown et al, 2011).

Contemporary theoretical models explain child abuse in the family as a complex phenomenon caused by an interaction of multiple factors at different ecological levels-individual, relational, community, and societal (Jakupcevic and Ajdukovic 2011).

Revealing the sociodemographic characteristics of child abuse in the sample included in this study

from Kafr EL Dawar city, was our main objective. First of all, mean age of abused children in our sample was (8.7 ± 2.0), as the study was conducted on children from (6-12) years.

In Turkey, out of 50 cases of child abuse reported from Dr. Behcet Uz Children's Hospital, (46%) were males, and (54%) were females (Oral et al, 2001); while in Canada, a population survey reported physical abuse to be more often in males (31.2%) than females (21.1%) (McMilan et al 1997); Also, in a recent Australian survey, the number cases of abused males referred to hospitals were higher than abused females in the age group (10- 14) year olds, while referred cases of abused females were more than males in the age group (15- 17) year (McKenzie, and Scout, 2011). This data agrees with current study results showing the percentage of male abused children to exceed by far the female abused ones, (62.4%) vs. (37.6%). As a matter of fact, Kafr El Dawar region, is a part city, and the other a countryside; with the culture, traditions and norms of both having a great impact on people's behaviour, most probably, a subconscious one, due to the way people are raised to value females and consider them as the weak half of the society, always in need of sympathy and help, especially the little ones. In a community as such, females may be harshly raised with strict conservative disciplinary ideas, yet, in the context of the Egyptian legacy, they are highly sheltered.

Obtained data from studying the family structure shows that the current study comes in accordance with previous ones reporting that abused children are the earlier in birth order (Baldwin, 1975), with more brothers than sisters, in comparison to the non abused ones. However, in a longitudinal study (Fergusson, et al 2000) reported that child abuse was not consistently related to order

Though reported earlier in some studies

(Klevens et al., 2000; Dubowitz H and Black MB, 2001; WHO, 2002), that low birth weight, prematurity, illness, or physical or mental handicaps in infants or children interfere with attachment and bonding and may make the child more vulnerable to abuse, we did not find any statistical difference in past medical history between the abused and non abused children in current study; however, these characteristics do not appear to be major risk factors for abuse, while other parental and societal variables do (WHO, 2002)

Berger & Brooks Gunn, (2005) has confirmed that measures of family economic resources (e.g., income or welfare receipt) are important variables for child's abuse and neglect. The current study results matched previous reports (Straus et al, 1998, Zununegu et al, 1997, WHO, 2002) stating that parents of the abused children were found to have lower levels of education, and lower incomes, in comparison to non abusing parents; where sometimes lack of money and poor resources for gratifying the child's needs and demands are given as reasons for parental abuse of their children, as explained in previous study (Khamis, 2000).

Meanwhile, we found no significant differences regarding parent age between the two groups, though many studies have mentioned that young parental age (especially, the mother's) was characteristically related to child abuse (WHO, 2002; Scher et al, 2004).

Other familial factors tracked in this study included parental past history; where parents of abused children were found to be abused as children more than those of the non abused ones, as previously reported to be either a learnt behaviour, or due to unreleased anxiety (Kuffman, 1987; Keves et al, 2006; Ertem et al, 2000; Dixon, 2005).

Sidebotham & Heron (2006) have found that family structure indicators such as large family size

and single parenthood are associated with abuse and neglect, which comes in agreement with our findings revealing higher incidence of divorce more in the abused group than in the non abused one (5.6%) vs. (1.6%), as well as parental separation (6.8%) vs. (2.8%). El Shiekh et al, 2008, reported that incidence of child abuse (various types of abuse) were prominently higher in children who lives in violent house environment; as stress and isolation have a major role in these situations, where such problems may heighten conflicts in the home with inability to cope, especially in the lack of social support (WHO, 2002); In Argentina, it was reported that children living with single parents are at higher risks of abuse than those living in two-parent families (Zununegu MV, 1998).

As earlier reports (Black et al, 2001; Walsh et al, 2003) mentioned before, parents of the abused group in our study showed higher rates of history of psychiatric illness than those of the non abused group (6%) vs. (2.4%); where (Jakupčević and Ajduković, 2011). reported higher incidence of parental mixed anxiety disorder, as well as Post traumatic stress disorder in parents abusing their children; as well as reports that mothers of maltreated children exhibited a significantly greater lifetime incidence of anxiety disorders, mood disorders, alcohol and/or substance abuse or dependence disorder, suicide attempts, and comorbidity of two or more psychiatric disorders, compared to control mothers, in addition to natural fathers or mothers' live-in mates involved in maltreatment exhibited a significantly greater lifetime incidence of an alcohol and/or substance abuse or dependence disorder compared to controls (De Bellis et al, 2001). At the same time, and in agreement to previous literature denoting high incidence of substance use in offender parents (Anda et al, 2002; Dube et al, 2002; Walsh et al, 2003;

Lown et al,2010; Freisthle, 2011), we found that (12.4%) of parents of the abused children have history of substance abuse vs. only(4.8%) of parents of the non abused ones.

Residential and societal impact on the prevalence of child abuse is largely variable from one society to the other, due to several measures. Some studies have confirmed higher prevalence of child abuse in urban areas in comparison to rural ones (Cappelaert et al, 1993; Leviton et al,2000), yet, others had shown the opposite (Slovak et al, 2002), in some of them, the reason for higher incidence of child abuse was higher prevalence of paternal substance use (Sebre et al, 2004; Haight et al, 2005); and others demonstrated that there was actually no statistical difference in levels of child abuse between children of rural vs. Urban areas (Girolamo et al, 2005).

In the current study, it was evident that there is a higher prevalence of abuse and negligence in the rural areas vs. urban areas (64%) vs. (35.6%), however, there was no statistical difference in between different types of abuse studied. In explanation, we have to consider the role of cultural values and economic forces in shaping the choices facing families and shaping their response to these forces, cultural norms surrounding gender roles, as well as the nature and extent of social protection and the responsiveness of the criminal justice, because many of these broader cultural and social factors can affect the ability of parents to care for children (WHO, 2002). Accordingly, in a city, as well as countryside nature of community like Kafr El Dawar, with (32.36%) of its population living in urban areas and (67.64%) in rural areas (Wikipedia, 2011), there is multiple interactions of low levels of education, poor resources, and overcrowded housing. Communities with high levels of poverty tend to have deteriorating physical and social

infrastructures and fewer of the resources and amenities found in wealthier communities (WHO, 2002).

As a result of the cultural expected role of different genders, where males are expected to be early involving in earning living, taking social, as well as financial responsibilities, we found higher level of male child abuse than female in rural areas of Kafr El Dawar, especially physically. However, in the urban areas, there were also higher levels of male abuse, yet, with no statistical difference regarding type of abuse, mostly due to the respective higher levels of education, as well as higher grades of occupational parental status in such areas than in rural ones (Berger and Brook-Gunn, 2005).

Usually, about 90% of victims of physical abuse show skin lesions on examination; with ecchymosis is the most common sign of abuse (Marinho, 2011), while burns comprise about 5 to 22% of all physical abuse (Startman, 2002). However, clinical examination of the abused children in our study, with inspection to regional injury signs revealed that areas of wound scars were predominantly found in the extremities (10%), which are areas of defensive wounds (Marinho, 2011), followed by abdomen, as well as head and neck (2.8%), (2.4%) on the back and spine, and the least region with wound scars was the chest (0.4%).

Comparing the main complaint of abused and non abused children included in our study revealed that abused children had significantly more pain complaints, as well as neurological symptoms, in comparison to the non abused ones (20%) vs. (6%), and (4%) vs. (2%) respectively, and for longer durations too; these findings come in accordance with earlier reports about the commonest medical complaint associated with cases of physical child abuse, being neurological symptoms (Zimmerman et al,1978; Makaroff et al, 2002) especially those

symptoms related to spinal cord injury (Hamilton,1992) or those resembling a neurological dysfunction (Fritz et al, 1997); in addition to Pain symptoms, whether Pain disorder, and /or recurrent abdominal pain (Fritz et al,1997), or various somatic complaints, as a part of internalizing process, other than the externalizing one (Margolin, 2000).

Psychiatric Morbidity In Children:

Ill health caused by child abuse forms a significant portion of the global burden of disease; with attention have been given recently, there are many studies demonstrating short-term and long-term psychological damage (Wolfe, 1999; WHO, 2002). One prospective longitudinal study had shown that Children who were physically abused or experienced multiple types of abuse were at increased risk of lifetime Major Depressive Disorder, whereas neglected ones were at increased risk for current Major Depressive Disorder (Widson et al, 2007); another 12 years prospective study of the long term effects of child abused reported that adolescents maltreated early in life had levels of aggression, anxiety/ depression, dissociation, posttraumatic stress disorder symptoms, social problems, thought problems, and social withdrawal that were on average more than three quarters of an SD higher than those of their non maltreated counterparts (Lansford, et al, 2002); as those children suffering from the different forms of abuse have an intellectual and cognitive defects; traumatic reactions with acute anxiety states; pathological object relationships characterized by the failure to develop "Basic Trust"; impaired impulse control; impaired self-concept; masochistic and self-destructive behaviour (Green, 1978). On the other hand, it is reported in the WHO report about world's violence and health, that despite, some of the abused children meet the full criteria for psychiatric illnesses that include post-traumatic stress disorder, major depression, anxiety

disorders, and sleep disorders, yet some others have a few symptoms that do not reach clinical levels of concern, or else are at clinical levels but not as high as in children generally seen in clinical settings (WHO, 2002). Accordingly, in the current study, we searched for the current psychological impact of various types of abuse included in the study, where both children groups enrolled were interviewed with the MINI KID (Sheehan,1998) Arabic version, which revealed that (21.2%) of the abused group suffered from a psychiatric morbidity, in comparison to only (5.6%) of the non abused one; Meanwhile, (5.6%) of them suffered from PTSD, while studies reporting (37.5%) (Widom, 1999), and up to 50% in another one (Dikman,1990), however, the fact that these studies were detecting lifetime prevalence of such disorder in children with past history of abuse, while our study and was detecting the current prevalence.

Also, significant differences were evident between both groups of our study regarding prevalence of other mental disorders, where (5.2%) had GAD, and (1.2%) had Major Depressive disorder, vs. (0%) among the non abused ones respectively, ADHD (3.2%) vs. only (1.6%), and Oppositional Defiant Disorder (2%) vs. (0.8%);

Conclusion:

Child abuse is a major public health problem with both short term, as well as long term negative developmental and health consequences, with significant economic and human costs. These consequences are far reaching and include health, social, behavioural and mental health problems for both children and adults. This study shows that it is not an uncommon problem in Egypt, especially in rural areas. Male children, with earlier birth order, having low educated divorced and/ or single parents, with past history of parental psychiatric illness, as well as high incidence of substance abuse,

and belonging to low income families, are at higher risk for abuse than the others, and consequently at a higher risk for psychiatric morbidity.

Recommendations:

Similar studies have to be conducted in different areas of Egyptian regions, with cross sectional survey in order to elicit more specific data. Construction of both immediate and long term plans for protection of abused children, starting from increasing awareness by the hazardous behavioural and health consequences, identification of victims, encouraging reporting and implication of related strict legal remedies, in addition to community based as well as clinical therapeutic interventions and health services for the victims.

Strength And Limitations:

According to available human and transportation facilities, the sample size included, as well as, the duration of the study, were fairly adequate to present preliminary, yet adequate data, with a fair choice of the site of study as representative of both rural and urban areas. However, some limitations in our study must be acknowledged and taken into account such as the lack of medico-legal systematized approach to cases of suspected abuse, reluctance of families to participate fearing legal issues, lack of standardized scales to assess child abuse and neglect, which will reflect more accurate data regarding this issue. Besides, failure to inquire about sexual abuse obliged us to avoid such critical issue in conservative societies.

Table (3) Comparison between the abused vs. not abused group regarding socio-demographic variables:

		Abused				Not Abused				P value
Age		8.7 ± 2.0				8.6 ± 2.0				0.589
Sex	Male	156 (62.4%)				129 (51.6%)				0.015*
	Female	94 (37.6%)				121 (48.4%)				
Res.	Urban	89 (35.6%)				81 (32.4%)				0.456
	Rural	161 (64.4%)				169 (67.6%)				
Order		2.1± 1.4				2.4±1.4				0.022*
Brothers		1.8 ± 1.0				1.6 ± 1.0				0.026*
Sisters		1.3± 1.1				1.6 ± 1.1				0.014*
Fathers' Age		40.5± 7.2				40.5±7.7				0.995
Mothers' Age		34.1± 6.6				33.8± -6.3				0.649
Parental Social Class		V. Low	Low	Medium	High	V. Low	Low	Medium	High	
N (%)		16 (6.4%)	132 (52.8%)	77 (30.8%)	25 (10%)	5 (2.0%)	119 (47.6%)	75 (30%)	51 (20.4%)	0.004*
Fathers' education		N (%)				N (%)				0.012*
	Illiterate	77 (30.8%)				69 (27.6%)				
	Primary	60 (24%)				68(27.2%)				
	Preparatory	70 (28%)				48(19.2%)				
	Secondary	34 (13.6%)				38(15.2%)				
	Technical	9(3.650)				20 (*%)				
	University	0 (0%)				5 (2%)				
	Post Graduate	0 (0%)				2(0.8%)				

		Abused	Not Abused	P value
		N (%)	N (%)	
Mothers' Education	Illiterate	219 (87.6%)	197 (78.8%)	0.005*
	Primary	11 (4.4%)	9 (3.6%)	
	Preparatory	2(0.8%)	6(2.4%)	
	Secondary	16 (6.4%)	20 (8%)	
	Technical	2(0.8%)	17 (6.8%)	
	University	0 (0%)	1 (0.4%)	
	Post Graduate	0 (0.0%)	0 (0.0%)	

Table (4) Comparison between abused group vs. Non abused group regarding family history:

	Abused	Non Abused	χ^2	P
Consanguinity	68 (27.2%)	64 (25.6%)	0.165	0.685
Abused Parents	81 (32.4%)	33 (13.2%)	26.179	<0.001*
Handicapping	17 (6.8%)	16 (6.4%)	0.032	0.857
DM	26 (10.4%)	25 (10.0%)	0.022	0.883
HTN	27 (10.8%)	21 (8.4%)	0.830	0.362
Psychiatric Illness	15 (6.0%)	6 (2.4%)	4.026	0.045*
Divorce Parents	14 (5.6%)	4 (1.6%)	5.763	0.016*
Separated Parents	17 (6.8%)	7 (2.8%)	4.377	0.036*
Substance Abuse	31 (12.4%)	12 (4.8%)	9.185	0.002*

Table (5): Comparing the complaints and their duration between the abused and the non abused groups:

C/O	Abused		Non Abused		P Value
	N	%	N	%	
Respiratory	100	40.0%	115	46%	< 0.001
GIT	65	26.0%	80	32.0%	
Urinary	25	10.0%	35	14.0%	
Neurological	10	4.0%	5	2.0%	
Pain	50	20.0%	15	6.0%	
Duration Of C/O					
	Abused		Non Abused		P Value
Respiratory	3.8±0.8		2.0±0.4		< 0.001
GIT	4.8±1.1		2.8±0.7		< 0.001
Urinary	2.6±0.5		1.4±0.5		< 0.001
Neurological	6.6±0.9		3.8±0.7		< 0.001
Pain	2.5±0.7		1.5±0.5		< 0.001

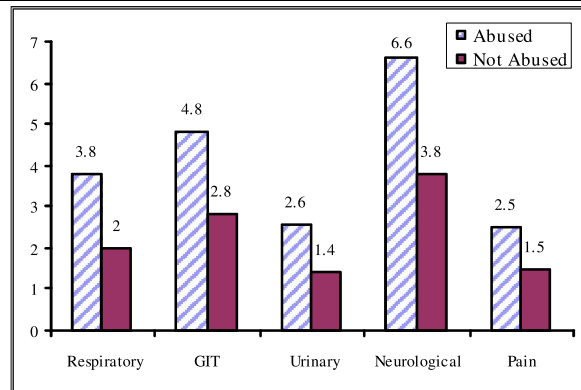


Figure (1): Comparison between abused and non-abused children as regards duration of complains (days)

Table (6): Comparison of the incidence of psychiatric morbidity between the abused and the non abused groups:

	Abused N (%)	Non Abused N (%)	P Value
Total Incidence Of Psychiatric Morbidity	53 (21.2%)	14 (5.6%)	0.020 < 0.05 significant
Generalized Anxiety Disorder	13 (5.2%)	2 (0.8%)	
Attention Deficit Hyperactive Disorder	8 (3.2%)	4 (1.6%)	
Oppositional Defiant Disorder	5 (2%)	2 (0.8%)	
Post Traumatic Stress Disorder	14 (5.6%)	0 (0.0%)	
Social Anxiety Disorder	3 (1.2%)	1 (0.4%)	
Major Depressive Disorder	3 (1.2%)	0 (0.0%)	
Panic Disorder	2 (0.8%)	0 (0.0%)	
Conduct Disorder	2 (0.8%)	0 (0.0%)	
Bulimia Nervosa	1 (0.4%)	0 (0.0%)	
Pervasive Developmental Disorder	1 (0.4%)	0 (0.0%)	
Tourette Disorder	0 (0.0%)	1 (0.4%)	

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المخلص

إساءة معاملة الطفل - مقارنة الريف بالحضر في مدينة كفر الدوار
محافظة البحيرة

تعد إساءة معاملة الأطفال من كبرى المشاكل ذات التوابع الصحية، والسلوكية، والإقتصادية، اللتي تلقى بظلالها على العالم بأكمله. لذا، فإن هذا البحث يهدف إلى الكشف عن الخصائص الإجتماعية والإقتصادية وغيرها المتسببة في إساءة معاملة الأطفال في منطقة كفر الدوار بمصر، وذلك من خلال عينة من أطفال مصريين تتراوح أعمارهم بين السادسة والثانية عشر عاماً من المترددين على العيادات الخارجية بمستشفى كفر الدوار العام، وذلك بعد أن تم عمل مسح بواسطة مقياس إساءة الأطفال القصير. وبناءً عليه فقد تم تصنيفهم الى مجموعتين، تتكون كل منهما من عدد مائتان وخمسين طفلاً ووالديهما أو من يقوم بالرعاية. المجموعة الأولى وتتضمن من تعرضوا للإساءة، والأخرى ممن لم يتعرضوا لها (كمجموعة ضابطة)، وذلك بعد مراعاة كافة الشروط والضوابط، حيث تم بعد ذلك فحص الآباء أو من يقومون بالرعاية بواسطة مقياس المستوى الإجتماعي والإقتصادي، ثم فحص مجموعة الأطفال الذين تعرضوا للإيذاء بواسطة مقياس الإساءة والإهمال للأطفال.

وقد تبين لنا من البحث أن الذكور أكثر تعرضاً للإيذاء، خاصة الجسدي، وهم ممن يكونون الأكبر بين أخوتهم وممن يسكنون المناطق الريفية أكثر ممن يسكنون المناطق الحضرية. ويتميز الآباء المعتدين عن الآخرين بكونهم حاصلين على مستويات أقل في التعليم، يعملون بدرجات وظيفية أقل من المجموعة الأخرى، كما يتمتعون بدخل مالي أقل من المجموعة الأخرى. هذا وقد كشف لنا أن معدلات إنتشار الأمراض النفسية، وكذا معدلات سوء إستخدام العقاقير والإدمان أعلى لديهم ممن لم يقوموا بإيذاء وسوء معاملة أطفالهم.

الخلاصة:

يعد مشكلة إيذاء وسوء معاملة الأطفال شائعة في مصر، إن كانت خارج دائرة الضوء، وخاصة في المناطق الريفية حيث تنتشر المسببات الإجتماعية، والإقتصادية، والبيئية.