

Introduction

Child abuse is in fact a worldwide phenomenon and has become a major concern in many countries throughout the world. Child abusers are found mostly in the ranks of the unemployed, the blue-collar worker, the white-collar worker, and some other professionals. In America, abuse and neglect have become one of the biggest threats to the lives of infants and small children. (Eastman, 1994) & (Kattan, 1998) .

Child abuse or maltreatment constitute all forms of physical ,emotional abuse , sexual abuse, neglect and any other exploitation. Abuse resulting in actual or potential harm to child health , survival, development or dignity in the context of relationship of responsibility , trust or power. Child abuse has serious sequelae that can lead to permanent disability or even death' (For-Far and Arneil's, 1992)& (WHO ,1999).

Children with repeated injuries to the central nervous system may develop mental retardation, organic brains syndrome, seizures, hydrocephalus and ataxia. Common emotional traits of abused children include fearfulness, aggression, hyper vigilance, denial, and lack of trust, low self-esteem, substance abuse and hyperactivity (Jobnson, 1996).

Usually, child abuse occurs between the ages of three months and 16 years and is perpetrated by a person or people known to the victim. About 80% of the children who are sexually abused are abused by the father, stepfather& male relation. In many cases the causes of child abuse

stem from the background and upbringing of the abusing parents(**O'Hagan & Dillenburg,1995**) .

A study in England found that 11 % of parents who abuse their children were themselves victims of abuse during their childhood. The risk of abuse was found to increase in cases of premarital conception, teenage marriage, unwanted pregnancy, as well as in those families encountering social isolation and financial difficulties (**AL-Zahrani, 2005**).

The parents of physically abused children are more likely to be single, unemployed, of low socio-economic status, and to have low levels of education the effects of child abuse could be to manifested not only in adulthood but also in middle childhood, also they found evidence of a relationship between domestic violence and child abuse (**Gillham&Thomson,1994**)& (**O'Hagan & Dillenburg,1995**).

In Egypt, studies were carried out to investigate the problem of child abuse. One of these studies revealed that, the overall prevalence of child abuse is 36.6%. Emotional abuse is 12.3%, physical abuse 7.6%, and sexual abuse is 7.0% and combined forms 9.7%. Violence and neglect are common characteristics of both parents of abused children (**Basily, 1999**).

Chapter I: HISTORICAL BACKGROUND

Children have always been subjected to abuse . Western society changed its attitude during 19th century partly prompted by the graphic descriptions of Charles Dickens and other great writers of the day (Fothergill et al., 1997).

Yet little was done about abuse of children until the famous case of **Mary Ellen Wilson** in New York in the 1860s. **Mary Ellen** was persistently beaten and abused by her adoptive parents. It was impossible to get the police to prosecute the parents, as the rights of parents to chastise their child were sacrosanct. **Mary** was removed from her parents and very soon afterwards in 1871 the Society for the Prevention of Cruelty to Children was formed in New York, followed soon afterwards by **The National Society for Prevention of Cruelty to Children (NSPCC)** in United Kingdom (Beaver et al., 2002).

Child abuse is a phenomenon that came to light in the early 1960s in the USA, with the UK following soon after. The medical community began to note systematically the harming of children by their parents" (Al-Zahrani, 2005).

Radiologists noted fractured bones associated with head injuries in infants . The injuries might have been inflicted by parents or by other people responsible for the children's care . A new term appeared, namely, 'Battered Child Syndrome', that was one of the key pieces of research (Cooper, 1993).

The child-welfare movement began in the US during the middle and late 19th century when the exploitation of children and adults during the Industrial Revolution gave rise to undeniable signs of childhood suffering; homeless and starving children wandered the streets (**Fothergill et al., 1997**).

In 1959 the United Nations Declaration of the Rights of the Child stated, "The child shall be protected from all forms of neglect, cruelty and exploitation"(**AL-Zahrani, 2005**).

*In Islam:

A Muslim recognizes that a child has certain rights over his parents that he must fulfill. Furthermore, there are some manners and etiquette that must be followed between the parents. Some of the duties of the parents are choosing good name for their child, clothing, they have to bring him/her up in a proper way, being concerned with his/her cultural and social up bringing teaching him/her about Islam and training him/her to fulfill the obligatory and recommended aspects of Islam as well as other related manners (**Al-Jazairi, 1998**).

Allah says in the Quraan:

"The mothers shall give suck to their children for two whole years, (that is) for those (parents) who desire to complete the term of suckling, but the father of the child shall bear the cost of the mother's food and clothing on a reasonable basis" "Al-Bakhrāh 233" (**EI-Eissa, 1998**).

The meaning of the first part of this verse is that a mother should breastfeed her child for two years.

And the father should bear the cost of food and clothing as he could on reasonable basis.

And says:

" And kill not your children for fear of poverty"" Israa 31" (**EI-Eissa, 1998**).

"Wealth and sons are allurements of the life of this world" "AL-Kahf 46"(**Al-Jazairi, 1998**).

Also says:

"And when the news of (the birth of) a female (child) is brought to any of them, his face becomes dark. And he is filled with inward grief! he hides himself from the people because of the evil of that whereof he has been informed. shall he keep her with dishonor or bury her in the earth? certainly, evil is their decision"" EL-Nahal 57&58"(**Al-Jazairi, 1998**).

The verses above give an indication of the attitudes prevalent in the Arabic peninsula before Islam. However, the teachings of Islam began to work against infanticide and intentionally inflicted injuries, considering them to be capital offences that necessitate the punishment of the assailants (**EI-Eissa, 1998**).

Chapter 2: Classification of child abuse & neglect

Child abuse is a controversial topic in many countries, societies, and cultures, including the industrialized nations. As a result, many cases of child abuse are not reported to the local authorities, and as such, the prevalence of child abuse is unknown across the world. (Arnold, 1995).

Child abuse and neglect are matters of social definition and that the problems that inhere in the establishment of those definitions ultimately rest on value decisions. The definition of child abuse varies from country to country, from state to state, courtroom-to-courtroom, professional-to-professional, and physician-to-physician (AL-Zahrani, 2005).

Definition:

"Child abuse or maltreatment constitute all forms of physical and or emotional ill treatment, sexual abuse and neglect, result in actual or potential harm to child health, survival, development or dignity". (WHO, 1999).

I-CHILD NEGLECT

Child neglect is the most understudied and consequently the least understood type of maltreatment. Neglect is defined as "failing to provide love, care, food, or physical circumstances that will allow a child to grow and develop normally, including non-organic failure to thrive". Neglect is due to a parent's omissions or due to absence of social, economic, or psychological resources. In cases of child neglect, it is often quite difficult to know where to attribute blame, to the parents, the environment, or a mixture of both.

The main difficulties with substantiating child neglect is that “neglect is the absence of a desired set of conditions or behaviors, as opposed to the presence of an undesirable set of behaviors,” as in the case with abuse (Behle et al., 2003), & (Cicchetti & Toth, 2005).

***Classification of neglect:**

There are several types of neglect that have been identified, including the following:

1- Emotional neglect:

In many cases, this type of neglect is more difficult to document or substantiate because of the absence of clear physical evidence and the fact that it goes on quietly in the privacy of the home, often beginning when children are too young to speak out .Emotional neglect included, for example, allowing a child to use alcohol or drugs, allowing a child to witness chronic or severe spousal abuse, and encouraging a child to engage in delinquent behaviour (Meadow, 1993).

2- Physical neglect

This is the most widely recognized and commonly identified form of neglect. It includes failure to protect children from harm or danger and failure to provide child's basic physical needs, including adequate food, shelter, clothing, warmth, sleep, rest, fresh air, and exercise, and leaving young children alone and unsupervised (Beaver et al., 2002).

3- Educational neglect

Educational neglect includes the refusal to enroll a child in school or permitting a child to miss school frequently (Meadow, 1993).

4-Intellectual neglect

Intellectual neglect includes refusing or failing to give children adequate stimulation, new experiences, appropriate responsibility, encouragement, and opportunity for appropriate independence (**Beaver et al., 2002**).

5- Medical Neglect

This refers to care-givers failure to provide prescribed medical treatment for their children, including required immunizations, prescribed medication recommended surgery, or other intervention in cases of serious disease or injury (**Biere et al., 1996**)& (**Hillis et al. ,2000**).

II-CHILD EMOTIONAL ABUSE

Emotional abuse is less likely to be recognized and reported. There, are different names for emotional abuse .Emotional abuse has been defined as follows: (sustained, repetitive, inappropriate emotional response to the child's expression of emotion and its accompanying expressive behavior) . Psychological abuse is(the sustained, repetitive inappropriate behavior which damages or substantially reduces the creative and developmental potential of the child) (**O'Hagan ,1995**)&(**Al-Saud, 2000**).

**** Classification of emotional abuse:**

*** Rejecting**

The adult refuses to acknowledge the child's worth and the legitimacy of the child's needs.

*** Isolating**

The adult cuts the child off from normal social experiences, prevents the child from forming friendships and makes the child believes that he or she is alone in the world.

***Terrorising**

The adult verbally assaults the child, creates an atmosphere of fear, bullies and frightens the child and makes the child believe that the world is hostile and unpredictable.

***Ignoring**

The adult deprives the child of essential stimulation and responsiveness, stifling emotional growth and intellectual development.

***Corrupting**

The adult dissocializes the child, stimulates the child to engage in destructive, antisocial behavior, leading to problems in the child's social development(**Chaffin et al.,1996**)& (**Daniel et al., 2000**).

Data that are more comparable come from the world studies of abuse in the family environment (world safe) Project, cross national collaborative study. Investigators from Philippines, Chili, Egypt and India administrated a common core protocol to population – based samples of mothers in each country to establish comparable incidence rates of child abuse (Table A) shows incidence rates of verbal abuse in the five countries .The practices of threatening children with abandonment or with being locked out of the house, varied widely among the countries(**WHO , 2002**).

Table (A):

| Rates of verbal or psychological punishment in 6monthes as reported by mothers, world safe study | | | | | |
|---|-------------------|--------------|--------------|-------------------|------------|
| Verbal punishment | INCIDENCE% | | | | |
| | CHILI | EGYPT | INDIA | PHILIPINES | USA |
| Screamed at child | 84 | 72 | 70 | 82 | 85 |
| Called the child name | 15 | 44 | 29 | 24 | 17 |
| Cursed at the child | 3 | 51 | b- | 0 | 24 |
| Refuse to speak to the child | 17 | 48 | 31 | 15 | b- |
| Threatened to kick the child out of the household | 5 | 0 | b- | 26 | 6 |
| Threatened abandonment | 8 | 10 | 20 | 48 | b- |
| Threatened evil spirits | 12 | 6 | 20 | 24 | b- |
| Locked the child out of the household. | 2 | 1 | b- | 12 | b- |

b- questions not asked in the survey.

III-CHILD PHYSICAL ABUSE

**** Definition**

Definitions vary because of their reliance on a social judgment process that seeks to integrate social-demographic details such as risk factors and safety issues with the child's physical or medical status, such as the severity of an injury. It had been defined as (all physically injured children under the age of 17 years, where the nature of the injury is not consistent with the account of how it occurred that the injury was inflicted by any person having custody, charge, or care of the child, have been physically abused).

Physical abuse entails soft tissue injury to the skin, eyes, ears, and internal organs as well as to ligaments and bones (**Basily , 1999**).

**** Classification of physical abuse**

Physical abuse is categorized by the severity of the injuries. These categories are defined as:

- * **Fatal**: all cases, which resulted in death.
- * **Serious**: all fractures, head injuries, internal injuries, severe burns and ingestion of toxic substances,
- * **Moderate**: all soft tissue injuries of a superficial nature (**Basily, 1999**).

Corporal punishment:

Corporal punishment in the form of hitting, punching, kicking or beating- is socially and legally accepted in most countries. It is found in schools and other institutions. In 1979, Sweden became the first country to prohibit all forms of corporal punishment of children. Corporal punishment in schools has also been banned in New Zealand, Republic of Korea and Uganda. However, corporal punishment remains legal in at least 60 countries for juvenile offenders. It kills thousands of children each year, injuries and handicaps many more. They are significant factors in the development of violent behavior. Later on (**WHO , 2002**).

In the World Safe Survey they compared the incidence of severe physical punishment between the four countries of the survey. It is clear that harsh parental punishment is not confined to a few places or single region of the world. In Egypt, rural areas of India, and Philippines, reported that parents hitting their children with an object on a part of the body other than buttock at least once during a period of 6 months before the survey

(WHO, 2002), Table (B).

Table (B):

| Rates of harsh forms of physical punishment in 6 months as reported by mothers, world safe study | | | | | |
|--|------------|-------|-------|-------------|-----|
| Sever physical punishment | Incidence% | | | | |
| | CHILI | EGYPT | INDIA | PHILIPPINES | USA |
| Hit the child with an object (not on the buttock) | 4 | 26 | 36 | 21 | 4 |
| Kicked the child | 0 | 2 | 10 | 6 | 0 |
| Burned the child | 0 | 2 | 1 | 0 | 0 |
| Beat the child | 0 | 25 | b- | 3 | 0 |
| Threatened the child with knife or gun | 0 | 0 | 1 | 1 | 0 |
| Chocked the child | 0 | 1 | 2 | 1 | 0 |

***b-questions not asked in the survey.**

IV- CHILD SEXUAL ABUSE

**** Definition**

General health is defined as the state of being a mind free from ignorance and prejudice, a body free from illness and handicaps, and a soul free from guilt and fear. states that child sexual abuse is (any sexual contact between a child and adult or older child for the sexual gratification of the offender). It includes:

a- physical contact, such as handling of the child's or the offender's genitals or breasts, oral sex, or attempted or actual penetration of the child's vagina or rectum.

b- non-physical contact, such as forcing a child to look at the offender's genitals, exposure of a child's genitals, or talking to the child in a sexually explicit manner (Spelman, 1993) and (Hildyard & Wolfe, 2002).

**** Classification of sexual abuse**

Sexual abuse is divided into the following forms:

- Sexual intercourse with a person below the age of 14.
- Rape: If the victim is a child below the age of 16.
- Incest: All sexual relations between parents and children or between adopters and adopted.
- Molestation: Any sexual assault without intercourse against a child below the age of 14.
- Act of homosexual assault against a child below the age of 16.
- The sexual exploitation of children
- The distribution of pornographic material.
- Watching sexual activity (Collier, 1999) & (Rodgers et al., 2004)

Chapter 3: Magnitude of the problem

The actual incidence of abuse is unknown. The incidences figures depend on the definitions used for child abuse, age range of children and sources from which information are gathered. It also depends on whether mild cases were included or not. Mild cases go undetected or unreported, consequently, it's hard to obtain accurate data on their incidence. Sexual abuse is often hidden within families, and it may not be revealed until the victim speaks of it in later life, during psychotherapy (**Basily, 1999**)

- Almost 53,000 children died worldwide in 2002 as a result of homicide.
- up to 80 to 98% of children suffer physical punishment in their homes, with a third or more experiencing severe physical punishment .
- 150 million girls and 73 million boys under 18 experienced forced sexual intercourse or other forms of sexual violence during 2002.

Between 100 and 140 million girls and women in the world have undergone some form of female genital mutilation \ cutting. In Sub-Saharan Africa, Egypt and Sudan, 3 million girls and women are subjected to genital mutilation \ cutting every year.

- In 2004, 218 million children were involved in child labor, of whom 126 million were involved in hazardous work.
- About 1.8 million children were forced into prostitution and pornography, and 1.2 million were victims of trafficking (**UN** ,

2006).

Each year at least one child per 1000 under the age of 4 years suffers from severe physical abuse. The yearly incidence of sexual abuse in 1995 was 75 cases per 1000 children. In April 1995, 35000 children were on child protection register in England. The percentage of physical abuse was 40%, neglect 30%, sexual abuse 24% and emotional abuse 6% (**Meadow, 1997**).

In USA, 42% of children died from neglect, 52% died from abuse, while 5% died as a result of multiple forms of maltreatment, (**Wang & Harding, 1999**)

The NSPCC's Child maltreatment study of the prevalence of maltreatment and harm found that, children experience provides an essential starting point in defining the scale of maltreatment (**Cawson et al, 2000**). It was the first study of the general population, involving nearly 3,000 young adult aged (18-24), to be carried out in United Kingdom. It showed that :

- About 7% of children experienced a serious physical abuse by their parents or carers during childhood.

- About 1% of children aged 16 experienced sexual abuse by parents or carer, 3% during childhood, 11% experienced sexual abuse by people known but not related and 5% by an adult stranger or someone they had just met.

- About 6% of children experienced serious absence of care at

home during childhood.

- About 5% experienced serious absence of supervision during childhood.
- About 6% experienced frequent and severe emotional maltreatment.

There were 38,000 registrations made to child protection registers in the UK between 1 April 2005 and 31 March 2006 (**WHO, 2006**).

Chapter 4: ECOLOGY OF THE CHILD ABUSE

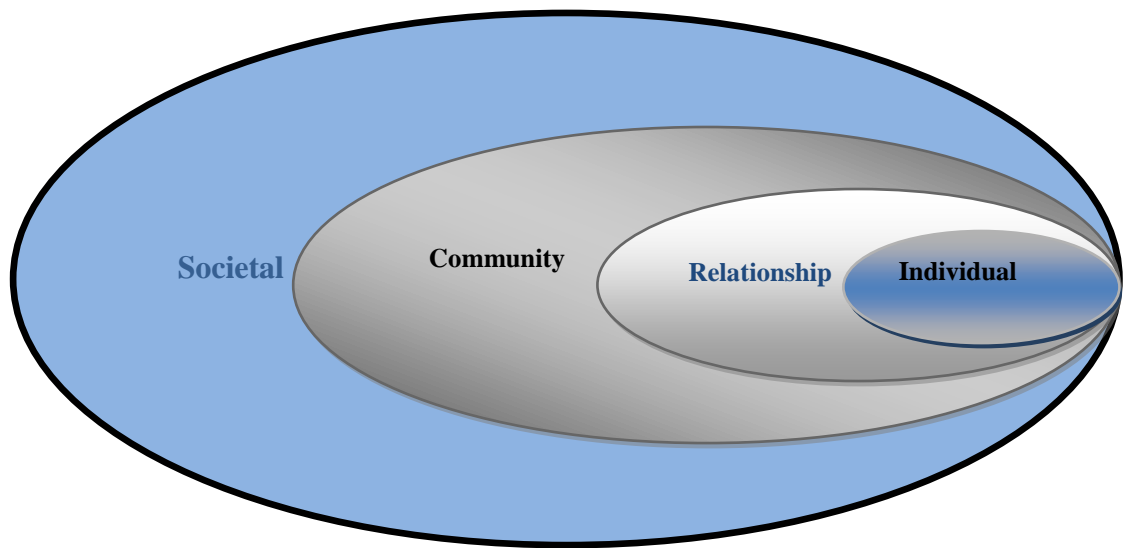
Factors that increase susceptibility to child maltreatment are known as risk factors, and those decreasing susceptibility are referred to as protective factors. The risk factors listed below are not necessarily by themselves diagnostic of child maltreatment wherever they are detected. However, in places where resources are limited, children and families identified as having several of these factors should have priority for receiving services (**Fromme, 2001**).

The **WHO report, (2002)**, described the ecological model of child abuse by:

- 1- Characteristics of abused child: age, sex, special characteristics.
- 2- Care giver and family characteristics: sex, family structures and resources, family size and , household composition, personality and behavioral characteristics, prior history of abuse, violence at home and other characteristics.
- 3- Community factors : poverty and social capital.
- 4- Societal factors.

No single factor on its own can explain why some individuals behave violently towards children or why child maltreatment appears to be more prevalent in certain communities than in others. Child maltreatment is best understood by analyzing the complex interaction of a number of factors at different levels. Figure (A) presents an ecological model outlining the interplay of these different factors.

Figure(A): Ecological model describing the risk factors for child maltreatment(WHO, 2006)



The 1st level of the model, that of the individual, deals with biological variables such as age and sex, together with factors of personal history that can influence an individual's susceptibility to child maltreatment.

The 2nd is the relationship level examines an individual's close social relationships – for instance, with family members or friends – that influence the individual's risk of both perpetrating and suffering maltreatment.

The 3rd are the factors at the community level relate to the settings in which social relationships take place—such as neighborhoods, workplaces and schools—and the particular characteristics of those settings that can contribute to child maltreatment.

The 4th are the societal factors involve the underlying conditions of society that influence maltreatment— such as social norms that encourage the harsh physical punishment of children, economic inequalities and the absence of social welfare safety nets(WHO , 2006).

I-PARENTAL FACTORS:

1- Personality and behavior characteristics:

parents who are more likely to abuse their children physically tend to have low self – esteem, poor emotional control of their impulses, mental health problems and to display antisocial behavior. Neglectful parents have difficulty in planning important life events such as marriage, having children or seeking employment, disrupted social relationships, inability to cope with stress and difficulty in reaching social support systems .

Research found that abusive parents have greater irritation and annoyance in response to their children's moods , they are less supportive, playful and responsive to their children and that they are more controlling and hostile (**Bradi&Borgognini, 2001**).

2. Drug and alcohol abuse:

Another growing group of vulnerable parents are those addicted to alcohol or drugs. Drug abuse and alcoholism have become increasingly cited as contributory factors in the abusive care of children though further research is needed to disentangle the independent effects of substance abuse from the related issues of poverty , overcrowding, mental disorders and health problem associated with that behavior (**Klevens et al., 2000**).

3-Sex:

Whether male or female , it depends on the type of the abuse. Study in China, Chili, Finland, India and United States suggests that women report using more physical discipline than men. Men are the most common perpetrators of life- threatening head injuries, abusive fractures and other fatal injuries. Sexual abusers of children, in case of both female and male victims, are predominantly men in many countries, while poisoning, suffocation are usually perpetrated by the mother (**Levesque, 1999**)and (**Starling and Holden, 2000**).

4- Unhappy childhood

Studies have shown that parents maltreated as children are at higher risk of abusing their own children. some investigations suggested that the majority of abusing parents were not, in fact, themselves abused (**Eglend**

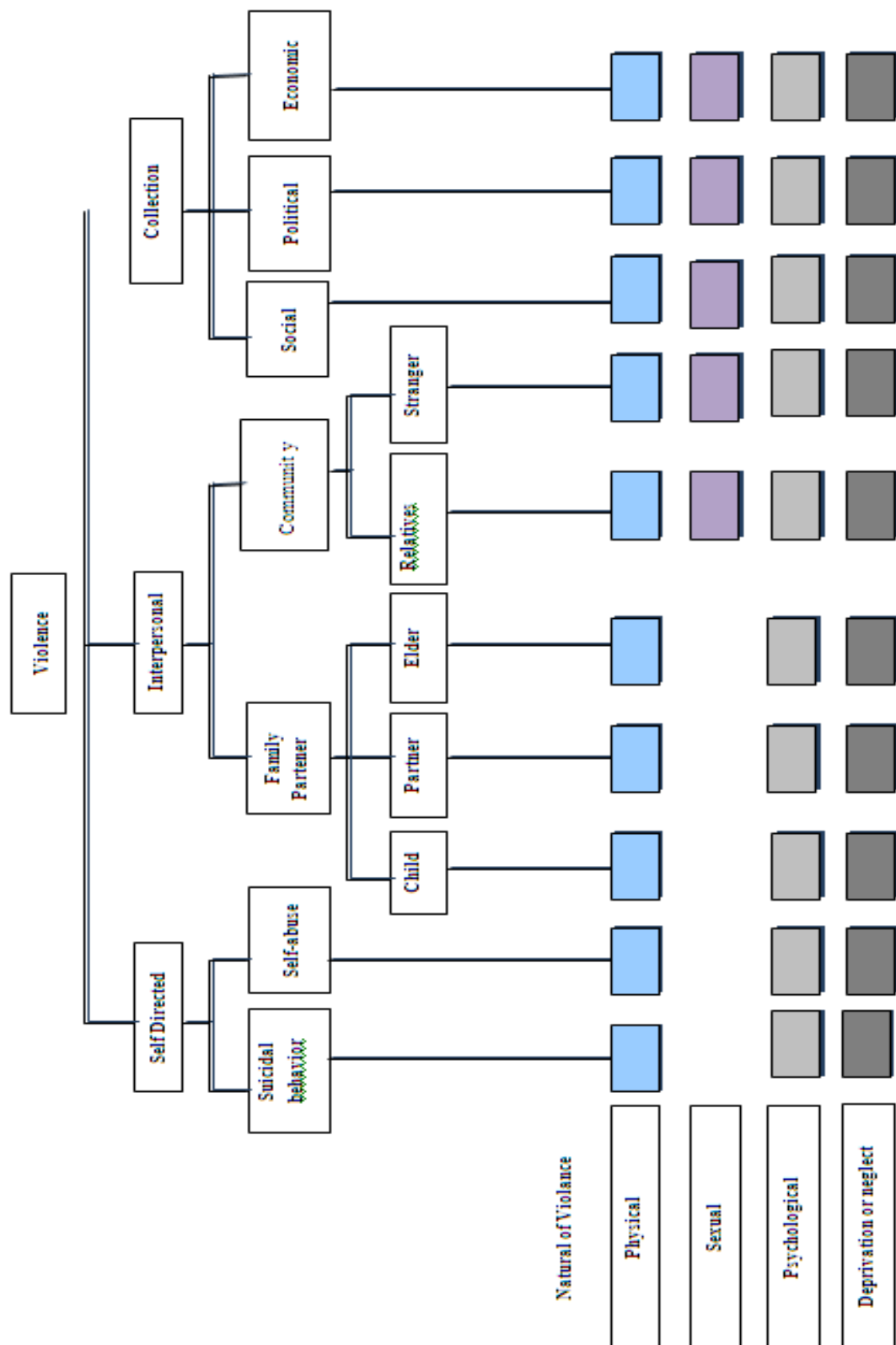
,1997)& (Ertem et al., 2000).

5- Violence:

Child maltreatment is linked to other forms of violence – including intimate partner violence, community violence involving young people, and suicide – both causally and through shared underlying risk factors. It is therefore useful to view child maltreatment within a wider categorization of violence. Following the typology presented in the world report on violence and health, violence can be divided into three broad categories, according to the context in which it is committed:

- Self-directed violence refers to violence where the perpetrator and the victim are the same person. It is subdivided into self-abuse and suicide.
- Interpersonal violence refers to violence between individuals. The category is subdivided into family and intimate partner violence, and community violence. The former includes child maltreatment, intimate partner violence and elder abuse. Community violence is broken down into violence by acquaintances and violence by strangers. It covers youth violence, assault by strangers, violence related to property crimes, and violence in workplaces and other institutions.
- Collective violence refers to violence committed by larger groups of people and can be subdivided into social, political and economic violence. Cross-cutting each of these categories is the nature of violent acts. The nature of acts can be physical, sexual, emotional or psychological, or one of neglect (Fig B).

Figure (B): the place of child maltreatment within the complex patterns of violence(WHO, 3006):



Child maltreatment often occurs alongside other types of violence. For instance, child maltreatment by adults within the family is frequently found in the same settings as intimate partner violence. Maltreated children are themselves at increased risk in later life of either perpetrating or becoming the victims of multiple types of violence including suicide, sexual violence, youth violence, intimate partner violence and child maltreatment. The same set of factors – such as harmful levels of alcohol use, family isolation and social exclusion, high unemployment, and economic inequalities – have been shown to underlie different types of violence(**Madu and Peltzer, 2000**).

Strategies that prevent one type of violence and that address shared underlying factors, have all found strong relationship between domestic violence and child abuse (**WHO, 2006**) .

6- Early Parenthood:

Traditionally, physical abuse and neglect of children have been associated with young and immature parents. Abusing parents have often been noted for their relative youth and immaturity when embark on parenthood, premature demand for satisfying behavioral responses from the infant. Children of adolescent mothers are twice as likely to be abused as the children of adult mothers (**Kelly and Stevens, 2001**)& (**Al-Zahrani, 2005**).

7- Family Size:

In Great Britain the average household size has been found to be substantially higher among certain ethnic minorities than among the white population. Family size for Swedish women is most commonly two children. There is a growing literature, which demonstrates that the number of children can significantly influence the marital satisfaction of parents, which in turn can affect the future stability of family structures. However, children raised in large families seem to be more at risk of under-achievement and maladjustment. Large numbers of children can

dilute parent's emotional and financial well-being, and as such can drive them to treat their children badly (Sidebotham & Goldig, 2001) &(Rutter & Smith,1995).

8- Other Characteristics:

stress and social isolation of the parents have also been linked to child abuse and neglect. Stress resulting from job changes, loss of income, health problems can heighten the level of conflict in the home and the ability of the members to cope or find support. The risk of abuse was lower , among those who were better able to gain access to social support((Zununegui et al,1997)& (Bardi et al., 2001).

II-FACTORS RELATED TO ABUSED CHILD:

1-Prematurity and low birth weight:

A number of reports suggest a higher prematurity rate among abused children which they estimate ranges from 13 to 30 per cent. For example, It is possible that premature children are subject to abuse because of their somewhat unattractive appearance. Because they are born before development is complete, they usually lack the attractive facial characteristics of the typical newborn (Lindell&Svedin, 2001) .

2-Children born sick or handicapped:

It had been found that when physically abused children were compared with their unharmed siblings for factors surrounding their early months of life, there was a clear contrast between the two groups. Six factors were highly significantly over represented in the abused child's biography: abnormal pregnancy, abnormal labour or delivery, neonatal separation, other separations in their first six months, illness in their first year of life and illness in their mother during their first year. It is well documented that growth failure is often associated with physical abuse of a child, even 50% of some samples of abused children being identified as

failing to thrive(**Basily ,1999**).

3-Unwanted children:

The most obvious predisposing factor for abuse is the parents not wanting the child in the first place .If parents have suffered the loss of a previous child or the loss of someone precious to them during pregnancy then the actual child born can be a disappointing replacement or even a totally unwanted one (**Al-Zahrani, 2005**).

4-Age:

Young children are most at risk because they are more vulnerable and can not seek help elsewhere. Children under 2 year of age are the most at risk (**Meadow, 1997**).

5-Sex:

In most countries, girls are at higher risk than boys for infanticide, sexual abuse, educational, nutritional neglect and forced prostitution. Globally, more than 130 million children between ages of 6 and 11 years are not in the school, 60% of them are girls. Male children are at greater risk of harsh physical punishment(**Finkelhor, 1994**) &(**Hadi, 2000**) .

III-Socioeconomic factors:

1-Social capital:

social capital represents the degree of cohesion and solidarity that exists within communities. Children living in areas with less " social capital" or social investment in the community appear to be at greater risk of abuse and have more psychological or behavioral problems. On the other hand, social networks and neighborhood connections have been shown to be protective of children (**Runyan, 1998**) & (**Korbin et al., 2000**).

2- Socioeconomic level:

There is a strong association between poverty and child maltreatment. Rates of abuse are higher in communities with high levels of unemployment and concentrated poverty such communities are also characterized by high level of population turnover and over crowded housing. So, chronic poverty adversely affects children through its impact on parental behavior and the availability of community resources (Coulton et al., 1999) & (Bagley & Mallick, 2000).

3- Chronic marital difficulties:

Distorted family dynamics and wife abuse have been associated with child sexual abuse. The father may feel justified in developing a liaison with his daughter as substitute for her mother (Corby, 2000).

IV-General factors:

1- Environmental and cultural factors:

Cultural values could affect personal attitudes towards violent behavior. There is a general acceptance of physical punishment as an appropriate method of child control, with nine out of ten children being disciplined in this way, (Gelles & Cornall, 1997) & (Nobes & Smith, 2000).

2-Racial difference:

Blacks were most likely to be injured with a cord, belt, switch, stick, knife on arms and legs whereas whites were more likely to be injured with boards, paddles and the open hand on their buttock (Johnson, 1990).

Chapter 5: CONSEQUENCE OF CHILD ABUSE

"It will never go away It is like a never-ending story. It still worries me".

The above quotes are from Scottish children speaking out about the experiences as victims of child sexual abuse. The effects of child sexual abuse or other forms of abuse differentiate between short-, medium-, and long-term consequences; the second pertaining to childhood and the last carrying over to adulthood. Greater focus on the effects of abuse lead to more effective treatment, this will reduce the likelihood abuse being repeated in the next generation(**Waterhouse, 1993**) and (**Corby, 2000**).

I-CONSEQUENCE OF PHYSICAL ABUSE:

1 - Short-term effects

The term 'initial effects' was preferred to 'short-term` effect because the latter suggests that such effects do not persist, which in fact in some cases they do. They define initial effects as those, which become evident in the first two years after the known onset of the abuse (**Waterhouse, 1993**).

A- School Performance :

Most studies of the early school performance of mistreated children point to underachievement. The language delay is characteristic of abused children because of lack of trust in their environment, which in turn results in their being afraid of risk (**Korbin et al., 2000**).

B- Low self-esteem

Extreme reduction in self-esteem is also referred to by the dramatic term 'soul murder', due to the actual destruction of the victim of child abuse that can result. Low self-esteem is characterized by negative

thoughts about oneself, or can be more accurately characterized as a chronic feeling of being 'badly or 'unworthy' or a 'cut below zero'. Children from all the abused groups were generally rated as having less confidence and lower self-esteem than those in the control group (**AL-Zahrani, 2005**).

2 -Medium-term effects

The medium term consequences of physical abuse seem to have cumulative effects unless they are responded to early on.

A- Developmental Delay:

The abused children are at high risk of damage to the central nervous system and of mal-development of ego function. A number of studies reported poor physical growth and poor nutrition in approximately 25-35% of abused children (**Goldberg et al., 2000**) .

B- Aggression/ Withdrawal/ Anger:

Aggression always refers to some kind of behavior, either physical or symbolic, that is carried out with the intention of harming someone. physically abused and neglected children are both more aggressive and more withdrawn than their peers in play groups (**Starling and Holden, 2000**).

C- Depression:

It was found that physically and emotionally abused children are more likely to develop a depressive illness. It strikes at any time from the teens to middle age (**Long, 1999**).

1-Longer-term effects:

The long-term consequences are naturally oriented in the adulthood of the victim.

A- Mental Illness:

Mental disorders are common and affect all of us at some time. Most people suffer from mild conditions and recover quickly, a significant proportion suffer from chronic condition, which cause moderate or high disability. The NSPCC Battered Child search Team also ,found some examples of antisocial behavior in the form of drunkenness and mental health problems of a bizarre and obsessive nature in the families of abusing children (**AL- Zahrani, 2005**).

B- Drug-taking:

Studies of the social histories of patients being treated for drug or alcohol addiction found that 84% of them had been physically abused and neglected as children (**Hahm& Guterman, 2001**).

C-Dissociation:

It was defined as (Dissociation is viewed as representing an alteration in consciousness where the individual and some aspects of his or herself or environment become disconnected or disengaged from one another). It was found that dissociation are common consequence of child abuse (**Hahm& Guterman, 2001**).

D-Violent Crime:

Most prospective studies show that about 20% of abused children go on to commit crimes as juveniles. There is a link between harsh parental discipline and violent crime (**Lewis et al, 1989**)& (**Mulien et al ,1996**) .

E-Neurological Damage:

Physical assaults to the head may be the cause of a child's neurological handicap. However, it is important to emphasize that a young child can suffer significant damage to the brain through violent

shaking with no outward sign of damage to the head such as bruises or fractures to the skull (Al-Zahrani, 2005).

F- Death:

Child abuse has been reported to be the fourth most common cause of death in pre-school children, particularly those aged under one year are more at risk of dying (Meadow, 1997).

II-CONSEQUENCES OF CHILD SEXUAL ABUSE

1-Short-term Effects:

The research on the short-term effects of sexual abuse is not as well developed as that in relation to the long-term effects. The important point that there may be long-term effects without short-term effects first having been apparent (Corby, 2000).

A- Guilt and Shame:

It was reported that guilt could be considered as an adverse effect for mature not among preschool children (Nolan et al., 2002).

B- Low self-esteem:

Low self-esteem is a fundamental sequale for many survivors of child sexual abuse (Hall & Lioud ,1993).

C- Depression:

Periods of depression and low moods are common in survivors of child sexual abuse within two years of being abused (Corby, 1993)&(Kendall, 2000) .

D-Hostility and Aggression:

Some victims of child sexual abuse respond by directing anger and aggression outwards, which is more common among adolescents. There are problems associating aggressive reactions purely with sexual abuse because many of children were also subjected to physical

violence or the threat of it(**Corby, 2000**).

E-Sleeping Disorders:

There is an association between sexual abuse and subsequent sleeping disorders. In the form of nightmares and sleeping difficulties as a result of child sexual abuse (**Al – Zahrani ,2005**).

F-Eating Disorders:

There is linkage between history of childhood sexual abuse and two eating disorders in form of ; anorexia nervosa, and bulimia nervosa.

*Anorexia nervosa is characterized by weight loss and an exaggerated fear of gaining weight, an unrealistic perception of body shape (the subject believes he/she is fat where in fact they are thin). In girls, it is characterized by the cessation of menstruation. Anorexia nervosa is the third most common chronic illness among adolescent females.

*Bulimia nervosa is characterized by episodes of binge eating along with the use of extreme methods to instigate weight loss, while body weight remains roughly normal (**Turner et al., 2000**).

G-Running Away:

Sexual abuse of adolescents has been associated with their leaving home. About 96% of female prostitutes who had been sexually abused as children were also found to runaway from their homes(**Rutter & Smith, 1995**).

H-Fearfulness:

It was found that 45% children aged 7to13 years old were experiencing fearful reactions to what had happened to them within the first six months following the onset of abuse(**Gomes et al ,1990**).

I-Cognitive Disability, Developmental Delay and School Performance:

It was reported that high rates of both cognitive disability and developmental delay were found in preschool children(Turner et al., 2000).

J- Inappropriate Sexual Behavior:

Sexualized behavior was the short-term effect most closely related to child sexual abuse. It was found that there is a statistically significant unique relationship between sexual abuse and dysfunctional sexual behaviour(Hahm& Guterman, 2001).

2- Long-term Effects:

A- Suicide:

The problem of attempted suicide now poses one of the major challenges facing health care services in many countries. They found that physically and emotionally abused children are more likely to attempt suicide (Mullen et al ,1996)& (Al-Zahrani, 2005).

B- Likelihood of Revictimization:

It was found that large number of victims of sexually abused female children, were victims of subsequent or attempted rape. The vulnerability increased in the case of girls leaving home after abuse and also, due to psychological needs to have their feeling of low self-esteem reinforced by further ill- treatment (Corby, 2000).

C-Sexual Disturbance:

It has been noted in clinical studies of victims of sexual abuse that the experience often seems to have particular effects on sexual emotion and sexual behaviour including: confusion about sexual encounters,

compulsive sexual activity, and avoidance of all sexual activity(**Bird & Faulkner, 2000**).

D-Symptoms of Psychiatric and Psychosomatic Stress:

Many victims of child sexual abuse seek psychiatric help later in life. Young girls who are forced to have sex are three times more likely to develop psychiatric disorders in adulthood than girls who are not sexually abused (**Korbin et al., 2000**).

E-Alcohol and Drug Abuse:

There is a strong relationship between physical and sexual abuse and drug taking in adolescents. Young girls who are forced to have sex are three times more likely to abuse alcohol and drugs in adulthood than girls who are not sexually abused (**Figueroa & Silk, 1997**).

B-Post- traumatic Stress Disorders (PTSD):

Childhood trauma is likely to affect the child immediately-during and after the abuse-and this can cause PTSD characteristics of PTSD are as follows:

- * Inability to escape from the memory of trauma.
- * Outbursts of aggression.
- * Irritability.
- * An atypical dream life (**Figueroa & Silk , 1997**).

C-Borderline Personality Disorders (BPD):

Borderline Personality Disorders are characterized by a pervasive instability of mood, interpersonal relationships, , marked shifts from base-line mood to depression, irritability, or anxiety. Usually lasting a few hours and rarely more than a few days, beginning in early adulthood. (**Mullen et al.,1996**).

D-Self-harm:

Many people, both men and women, hurt themselves in various ways, including cutting, scratching or bruising, as an expression of distress and often as a means of coping with that distress. Self-harm is twice as common among women as it is among men (**Bird & Faulkner, 2000**).

E-Aggression Anger:

Anger and aggression are a significant feature of sexually abused children (**Corby, 1993**).

F-Irritable Bowel Syndrome (IBS):

IBS is a disorder of the lower gastrointestinal tract whose cause is currently unknown. The symptoms can be continuous or recurrent and must be present for at least 3 months. Irritable Bowel Syndrome was three times likely to be in childhood as well as adulthood in recent studies (**Kathleen, 2000**).

III-CONSEQUENCE OF CHILD EMOTIONAL ABUSE:

1-Longer-term Effects:

Emotional abuse has the most serious consequences for child's social and intellectual development. Children react differently in the face of maltreatment . (**Fromme, 2001**).

A- Low self esteem:

There is a unique relationship between emotional abuse and subsequent low self- esteem (**AL- Zahrani, 2005**).

B- Depression:

Physically and emotionally abused children are more likely to develop a depressive illness (**Mullen et al.,1996**).

V-CONSEQUENCE OF NEGLECT:

The consequences of neglect, can range from death of a child through neglect (death from cold, starvation, lack of medical and daily care) to children who are dirty .The impact of neglect on children's development is at least as damaging as the more overt types of abuse, especially during the first two years of the child's life(**Daniel et al., 2000**).

1- Longer-term Effects

A-Low self-esteem

It was observed that neglected children have low self – esteem and less confidence (**Davey et al., 2005**).

B-School performance

Most studies of the early school performance of mistreated children point to underachievement (**Corby, 2000**)

C-Drug-taking:

High percentage of patients who are being treated for drug or alcohol addiction had been physically abused and neglected as children (**Coulton et al., 2000**).