

Child Abuse and its Long-Term Consequences: An Exploratory Study on Egyptian University Students

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إساءة معاملة الأطفال وأثاره طويلة الأمد: دراسة استطلاعية لطلاب من الجامعات المصرية
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Abstract:

Introduction: child abuse and its long-term consequences in adulthood have been recently gaining increased attention in the Arab world. This study is an extension of a similar study in Saudi Arabia, and aims to explore some epidemiological characteristics of the problem in Egypt.

Aims: to study the prevalence of child abuse and associated psychological problems in adulthood, as presented in a sample of university students in Egypt.

Method: 963 students, from three different colleges of Zagazig University (Medicine, Education and Arts and Literature) answered multi-questionnaires including: General health Questionnaire (GHQ), Child Traumatic Questionnaire (CTQ) and Psychological Problem Scale (PPS).

Results: Students reported having suffered Emotional neglect (19%), Emotional abuse (8.9%), Physical neglect (44%) and Physical abuse (6%) and Sexual abuse (13%). Moderate to severe childhood abuse was correlated with various combinations of psychological problems (Low Self-Esteem, Dissociation, Self Harm, Impulsivity and Aggression) in adulthood. Gender and situational stresses, as indicated by GHQ, did not seem to influence the results as much as low income and large family size.

Conclusion: a large proportion of our sample reported both child abuse and several long-term pathological consequences of abuse in adulthood. The problem seems to be serious in this middle class sample and it remains possible that these problems could be worse in lower social classes.

Declaration of interest: None

Introduction

The subject of child abuse and its long-term implications in adulthood has been widely studied in literature in different areas of the world and across different cultures.^{1,2,3,4,5,6,7} The effects of child abuse vary depending on the circumstances of the abuse or neglect, personal characteristics of the child, and the child's environment. Consequences may be mild or severe; disappear after a short period or last a lifetime. Consequences could affect the individual physically, psych-

ologically, the way they behave or a combination of all three ways. Ultimately, due to related costs to society such as health care, social services and educational systems, abuse and neglect impact not just on the child and family, but also on the whole of society^{8,9}.

It is unfortunate that this area of research has not received much attention in Arabic literature for a long time. It has been only recently, within the last 10 – 15 years, that this subject started to be covered in the media and by social and political establishments¹⁰.

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During this period, the subject of child abuse started to be covered by five main establishments; (1) the independent satellite TV channels and internet websites, (2) political organisations especially those interested in the recent Middle East wars, (3) Middle East academics, (4) the international organisations concerned with children's rights and (5) governmental agencies.

It is probably the emergence of the new independent media sector in the Middle East during the last 25 years, which has been the main factor in breaking the taboos about child abuse and sexual harassment in the Arab world¹⁰. A fairly large number of satellite TV channels and a much larger number of internet websites started to compete to engage the public by producing this brave and new coverage of a long tabooed problem and bring it to the open. Dozens, if not hundreds, of websites (including e-bloggers, chat room and e-forums), have been discussing such subjects freely in an unprecedented way. However they have been focused mainly on the subjects of child sexual abuse and sexual harassment of adult women. This has clearly been associated with a significant increase in public interest and awareness as well as an increase in the interests of other agencies.

The second major source of interest in child abuse has been the organisations concerned with victims of wars and political crises in the Middle East (e.g. human rights organisations and some political parties). In this regard, the literature about the children suffering in wars such as those in Lebanon, Palestine

and Iraq have been the most prominent.^{11,12,13}

During the same period, a relatively large number of scientific publications have been produced by different scientific disciplines (e.g. public health sociology, mental health and paediatric departments). Between 1995 and 2009, the Child Abuse & Neglect Journal (the Official Publication of the International Society for Prevention of Child Abuse and Neglect) published about 40 psychiatric and psychological articles about child abuse in the Middle East and the Arab world^{14,15,16,17}. Many studies have been produced in Arabic^{18,19}. Publications from Paediatrics departments about child abuse have been mainly about physical abuse and physical complications of child abuse^{20,21}.

International organisations working in the Middle East^{22,23,24,25,26,27} have also been working mainly with governmental agencies to combat child abuse in the area and provide some services. They have also been organising conferences and publishing research (see web sites of these organisations). These organisations have played a significant role in increasing the awareness of the problem. Some Arabic governments have since started to develop specialised organisations to combat child abuse²⁸.

The recent emergence of interest in child abuse has freed the subject from some old taboos but has also attached some new ones. The new controversies would perhaps influence the debate about child

abuse for some time to come. The subject of child abuse has been covered by political opposition and independent parties in the context of their criticism of the living conditions in the Arab countries^{29,30,31,32}. Child abuse has also been a subject used in the local Middle Eastern war propagandas. Most of the independent Arabic views highlight the children suffering in the war zones in an attempt to condemn Israel and its American and western allies. On the opposite side, many Israeli and western media agencies in the area, supported by some local voices, express the view that traditional Arab and Islamic culture could be facilitating abuse of women and children.

One example of these new sensitivities is the scepticism about the publications about child abuse in Palestine produced by Palestinian academics and others who worked at the time in Israeli universities. These papers constitute probably more than half of the Child Abuse and Neglect Journal publications mentioned above.

Research Design:

In this study, we have followed a fairly similar methodology as in the Saudi study³³. Two of our authors have been involved in that study. 1500 questionnaires (see appendix) were distributed to students in three colleges in Zagazig University (Medicine, Education and Arts and Literature). 963 responses were received (458 from College of Education, 341 from College of Art and Literature and 164 from College of Medicine). Some of the responses were partially incomplete

and subsequently the missing parts have not been included in the statistical analysis.

The three colleges were chosen to represent different levels of functioning and socioeconomic status among Egyptian students. In accordance with general public attitude in Egypt, students from Faculty of Medicine have usually been considered to be of higher academic status, more motivated and have relatively higher economic and social status compared to other students. It is also widely assumed that students from colleges of Art and Literature are from relatively lower economic and social status, while students from the colleges of Education lie in-between.

The following psychological tools have been included in the questionnaires:

The Arabic version of General health Questionnaire-12 (GHQ – 12)³⁴: The General Health Questionnaire³⁵ has been extensively used in different settings and different cultures. The GHQ focuses on two major areas – the inability to carry out normal functions and the appearance of new and distressing psychological phenomena such as depressive symptoms, social dysfunction, sleep disturbance, anxiety, and dysphoria in people in community and medical settings. The GHQ assesses the respondent's current state (state-stress) and asks if that differs from his or her usual trait-stress. The questionnaire was originally developed as a 60-item instrument but at present a range of shortened versions of the

questionnaire including the GHQ-30, the GHQ-28, the GHQ-20, and the GHQ-12 are available. The scale asks whether the respondent has currently been experiencing a particular symptom or behaviour difficulties. Each item is rated on a four-point scale (less than usual, no more than usual, rather more than usual, or much more than usual).

Child Traumatic Questionnaire (CTQ) (Bernstein & Fink, 1998³⁶): The CTQ is a 28-item self-report inventory that provides brief screening for histories of abuse and neglect. The CTQ is appropriate for adolescents (aged 12 and over) and adults. The CTQ inquires about five types of maltreatment: emotional, physical, and sexual abuse and emotional and physical neglect with five items representing each type. The CTQ also includes a 3-item minimization/Denial Scale for detecting false-negative trauma reports. Each item consists of 5 options such as; never true; rarely true; sometimes true; often true; and very often true. Al-Zahrani's (2005)³³ study condensed the five questions in the CTQ that originally dealt with sexual abuse to one, in order to avoid cultural sensitivities especially considering that participants may not be accustomed to these kind of questions. The Arabic translation of the questionnaire has been standardised to the Saudi Arabic dialect.

Psychological problem scale: Al-Zahrani (2005)³³ collected several questions from different scales in order to explore the various areas of psychological problems caused by child abuse. The

Arabic translation of the questionnaire has been standardised to the Saudi Arabic dialect. The questions are related to the feelings of the subjects during the last few weeks. They consist of 13 questions intended to explore the following:

- a. Low self-esteem: (Q13 & Q14)³⁷.
- b. Dissociation: (Q15 & Q16)³⁸.
- c. Post-traumatic Stress disorder: (Q17 & Q18)³⁹.
- d. Self-harm: (Q19):⁴⁰.
- e. Impulsiveness: (Q20 & Q21)⁴⁰.
- f. Eating Disorder: (Q22 & Q23)³³.
- g. Aggression (Q24 & 25)⁴¹.

Data Preparation and Analysis

All data were stored and analysed using SPSS for Windows[®] Version 18.0.0. (2009). initially, given the large sample size, data were inspected for significant departures from normality by examining appropriate histograms. Examination revealed difficulties with skewness and/or kurtosis for the psychological variables and the abuse variables. As a consequence, it was decided to make use of appropriate non-parametric statistics. Comparisons were made between male and female participants across demographic, psychological and abuse variables using χ^2 or the Mann Whitney U test. Differences between colleges were examined using the Kruskal Wallis Test and post hoc tests were calculated using the Conover-Inman method. Finally, participants were grouped according to the level of abuse reported, and two groups were formed: those who reported none to minimal abuse, and those who reported moderate to extreme

abuse. These two groups were compared using Mann Whitney U tests.

Results

Males vs. Females (table 3): Analysis of the demographic data revealed that males were significantly older in age than females ($z=2.724$, $p=0.006$), while there was no significant difference between males and females regarding paternal or maternal age, or number of siblings (Table 3). There was no significant difference between males and females in terms of maternal education ($\chi^2(2)=1.32$, $p=0.52$), but there was for paternal education ($\chi^2(2)=8.87$, $p=0.012$). A higher proportion of males had fathers who attended university in comparison to females. There was no significant difference between males and females regarding parental income ($\chi^2(2)=2.89$, $p=0.24$), parental marital status ($\chi^2(2)=1.30$, $p=0.52$), or area of residence ($\chi^2(2)=3.76$, $p=0.153$). There was a significant sex difference regarding the type of college attended. Males tended to study medicine and art and literature more than females, while females tended to study education more than males ($\chi^2(2)=242.82$, $p<0.001$). Comparing males and females across the psychological variables revealed that females had a significantly higher mean score on the GHQ ($p<0.001$), and significantly lower self esteem ($p=0.043$). There were no other significant differences between males and females across the psychological variables (Table 3). Considering abuse, males reported experiencing significantly highly levels of

physical abuse ($p<0.001$), emotional abuse ($p<0.001$), emotional neglect ($p<0.001$) and sexual abuse ($p=0.018$) than females (Table 3). However, females reported significantly higher levels of denial than did males ($p=0.001$).

Colleges (table 4): Comparing across groups of colleges revealed that there was a significant difference between education, art and literature and medicine in terms of participants' age ($\chi^2(2, N=903)=303.44$, $p<0.001$), maternal age ($\chi^2(2, N=892)=55.42$, $p<0.001$), paternal age ($\chi^2(2, N=845)=29.42$, $p<0.001$), and number of siblings ($\chi^2(2, N=921)=20.76$, $p<0.001$; Table 4). Further inspection of these differences using post hoc tests revealed that all types of colleges were significantly different from each other across these variables (Table 4). There was also a significant difference between colleges in terms of parental income. Fewer than the number of expected students attending education and medicine came from families with less than average income, while more than the number of expected students attending art and literature came from families with less than average income ($\chi^2(4)=25.54$, $p<0.001$). Considering psychological problems overall, there was a significant difference between colleges on the PPS total score ($\chi^2(2, N=875)=9.08$, $p=0.011$) and Self-Harm ($\chi^2(2, N=948)=16.99$, $p<0.001$). Examination of these differences revealed that those attending art and literature colleges reported a significantly ($p<0.05$) higher PPS total score and self-harm score than those

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attending education or medicine colleges, while there was no significant difference between those attending education and medicine colleges ($p > 0.05$) on these two variables. There was a significant difference between the colleges regarding physical neglect (χ^2 (2, N=849)=10.25 $p=0.006$), physical abuse (χ^2 (2, N=857)=66.14 $p < 0.001$), emotional neglect (χ^2 (2, N=846)=48.10 $p < 0.001$), emotional abuse (χ^2 (2, N=816)=18.78 $p < 0.001$), and sexual abuse (χ^2 (2, N=867)=24.06 $p < 0.001$). Considering physical neglect, those attending art and literature colleges reporting a significantly ($p < 0.05$) lower score on physical neglect than those attending medicine, while there was no difference between art and literature and education ($p < 0.05$) or medicine and education ($p < 0.05$). With the exception of physical neglect, consistently across all of the abuse and neglect variables, those attending art and literature colleges reported significantly greater levels ($p < 0.05$) of abuse and neglect than those attending education and medicine, while there was no significant difference between education and medicine ($p < 0.05$). In the meantime, participants from education and medical colleges scored significantly higher on the denial scale compared to participants from the Art and Literature colleges (χ^2 (2, N=856)=37.76 $p < 0.001$).

Prevalence of Abuse (table 5): Examining the prevalence of different kinds of abuse within this sample revealed that 3.9% of the sample indicated that they had

experienced moderate to extreme emotional abuse, while 6.0% indicated that they had experienced moderate to extreme emotional neglect. The prevalence of physical abuse and neglect categorised as moderate to extreme was 4.0% and 9.0% respectively. Sexual abuse that was categorised as moderate to extreme was found to exist within 9% of the sample (Table 5).

Psychological impact of different types of abuse (table 6): Those who reported none to minimal abuse were compared to those who reported moderate or higher levels of abuse (Table 6). Those who reported suffering moderate to extreme levels of emotional abuse were significantly younger in age ($p=0.017$), and reported significantly higher scores on the GHQ ($p=0.020$), and PPS total ($p < 0.008$). This group also reported significantly lower self esteem ($p=0.043$), higher self-harm ($p < 0.001$) and higher aggression ($p=0.001$; Table 6). Those reporting moderate to extreme emotional neglect were significantly younger age ($p=0.005$) and had more siblings ($p=0.001$) than those reporting none to minimal emotional neglect. Those reporting moderate to extreme emotional neglect also had significantly a higher self harm score ($p=0.005$) and a higher total PPS score ($p=0.042$; Table 6). Considering those who reported experiencing moderate to extreme physical abuse, they were significantly younger in age ($p=0.002$), had significantly more siblings ($p=0.003$), and reported that their mother ($p=0.005$) and father ($p=0.019$) were younger (parental ages) than those who

reported experiencing none to minimal physical abuse. Those reporting moderate to extreme physical abuse reported engaging in significantly higher levels of self harm ($p=0.015$) and aggression ($p=0.029$). There were no significant differences between the two groups across the remaining variables for physical abuse (Table 6). Considering physical neglect, those reporting moderate to extreme levels were significantly younger in age ($p=0.012$) and reported that their mothers were also significantly younger ($p=0.007$) than those who reported experiencing none to minimal physical neglect. Those reporting moderate to extreme physical neglect also reported significantly higher self harm ($p<0.001$), aggression ($p=0.003$), and PPS total ($p=0.032$) than

did those reporting none to minimal physical neglect. Finally, comparing those who reported moderate to extreme sexual abuse to those who reported none to minimal revealed that the moderate to extreme group were younger in age ($p=0.027$) had significantly more siblings ($p=0.001$), and significantly higher GHQ ($p=0.003$) and PPS total scores ($p<0.001$). They also had significantly higher levels of dissociation ($p=0.002$), self-harm ($p=0.015$) and aggression ($p=0.046$). The difference between the two groups on the measure of self-esteem ($p=0.080$), impulsivity ($p=0.057$), and eating disorders ($p=0.057$) all approached significance at the two tailed level. There were no other significant differences between these two groups (Table 6).

Table 1: Demographic Characteristics and Descriptive Data.

(NB: all statistical tests regarding demographic data and descriptive data are two-tailed):

Variable	%	N=
Sex ,		
Male	31.6	304
Female	63.9	615
Missing	4.6	44
College		
Education	47.6	458
Art and Literature	35.4	341
Medicine	17.0	164
Parental Marital status		
Divorced	2.8	27
Widowed	11.7	113
Married	82.6	795
Missing	2.9	28
Area of Residence		
Urban	34.9	336
Rural	60.0	578

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Abroad	2.1	20
Missing	3.0	29
Parental Income		
Less than Average	6.7	65
Average	64.7	623
More than Average	24.6	237
Missing	3.9	38
Maternal Education		
Primary School	25.1	242
Secondary School	29.6	285
University	31.9	307
Missing	13.4	129
Paternal Education		
Primary School	18.6	179
Secondary School	24.3	234
University	48.9	471
Missing	8.2	8.2
Variable	M (SD)	N=
Age	19.25 (1.73)	903
Maternal Age	44.45 (6.04)	894
Paternal Age	51.12 (6.09)	845
Number of Siblings	3.65 (1.81)	921

Table 2: Gender * College Cross-tabulation

		College			Total
		Faculty of education	Faculty of arts and literature	Faculty of Medicine	
Gender	Male	31	178	95	304
	Female	397	152	66	615
Total		428	330	161	919

Table 3: Demographic and descriptive data regarding males and females (p<0.01 - *p<0.05)**

Variable	Male		Female		Mann Whitney U p= two tailed
	<u>M(SD)</u>	<u>N=</u>	<u>M(SD)</u>	<u>N=</u>	
Age	19.52** (2.34)	294	19.11 (1.32)	599	0.006
Maternal Age	44.39 (6.19)	283	44.70 (5.48)	586	0.442
Paternal Age	51.22 (6.68)	281	51.12 (5.78)	542	0.470
Number of Siblings	3.68 (2.03)	298	3.62 (1.69)	598	0.651
General Health Questionnaire (GHQ)	14.71 (6.79)	280	16.03** (5.82)	592	<0.001
Psychological Problems Scale Total (PPS)	4.69 (2.14)	268	4.84 (2.31)	566	0.616
Self Esteem	0.42 (0.64)	296	0.53* (0.74)	606	0.043
Dissociation	0.86 (0.61)	299	0.86 (0.56)	604	0.969
Post Traumatic Stress	1.09 (0.66)	293	1.05 (0.66)	603	0.472
Self-Harm	0.11 (0.31)	297	0.14 (0.35)	607	0.18
Impulsivity	1.12 (0.79)	294	1.17 (0.77)	598	0.353
Eating Disorders	0.41 (0.59)	296	0.44 (0.57)	609	0.353
Aggression	0.70 (0.73)	298	0.62 (0.68)	606	0.203
Childhood Trauma Questionnaire (CTQ)					
Physical Neglect	7.25 (2.64)	256	7.02 (2.16)	563	0.632
Physical Abuse	2.43** (3.84)	266	1.31 (3.22)	551	<0.001
Emotional Neglect	6.33* (4.90)	258	5.55 (4.74)	548	0.016
Emotional Abuse	3.80** (4.19)	250	2.64 (3.58)	527	<0.001
Sexual Abuse	0.68* (1.28)	270	0.44 (1.02)	557	0.018
Denial	6.20 (2.87)	274	6.91** (2.92)	544	0.001

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Table 4: Descriptive data across the three colleges. (E=Education; AL=Art & Literature; M=Medicine; *p<0.05)

Variable	Education	Art and Literature	Medicine		
	<u>M (SD)</u>	<u>M(SD)</u>	<u>M (SD)</u>	χ^2 (df, N=)	<u>Post Hoc Tests</u>
Age	19.22 (1.163)	18.36 (1.23)	20.56 (0.82)	χ^2 (2, N=903)=303.44 p<0.001	AL<M*; AL<E*; M>E*
Maternal Age	44.49 (5.50)	42.73 (6.51)	46.73 (4.74)	χ^2 (2, N=892)=55.42, p<0.001	AL<M*; AL<E*; M>E*
Paternal Age	51.72 (5.88)	49.45 (6.68)	52.61 (4.87)	χ^2 (2, N=845)=29.42, p<0.001	AL<M*; AL<E*; M>E*
Number of Siblings	3.59 (1.69)	3.99 (2.04)	3.32 (1.69)	χ^2 (2, N=921)=20.76, p<0.001	AL>M*; AL>E*; M<E*
General Health Questionnaire (GHQ)	15.52 (5.64)	14.72 (6.47)	15.45 (5.63)	χ^2 (2, N=914)=1.33, p=0.515	AL<M; AL<E; M<E
Psychological Problems Scale Total (PPS)	4.54 (2.14)	5.03 (2.43)	4.40 (2.21)	χ^2 (2, N=875)=9.08 p=0.011	AL>M*; AL>E*; M<E
Self Esteem	0.47 (0.70)	0.52 (0.74)	0.45 (0.67)	χ^2 (2, N=946)=2.68 p=0.262	AL>M; AL>E; M<E
Dissociation	0.84 (0.54)	0.87 (0.64)	0.81 (0.58)	χ^2 (2, N=947)=3.25 p=0.197	AL>M; AL>E; M<E
Post Traumatic Stress	1.06 (0.62)	1.07 (0.69)	1.02 (0.69)	χ^2 (2, N=939)=1.28 p=0.529	AL<M; AL>E; M>E
Self-Harm	0.09 (0.29)	0.16 (0.37)	0.09 (0.30)	χ^2 (2, N=948)=16.99 p<0.001	AL>M*; AL>E*; M<E
Impulsivity	1.09 (0.77)	1.41 (0.70)	0.98 (0.87)	χ^2 (2, N=935)=1.97 p=0.374	AL>M; AL>E; M<E
Eating Disorders	0.39 (0.54)	0.47 (0.61)	0.38 (0.56)	χ^2 (2, N=947)=0.19 p=0.374	AL>M; AL>E; M<E
Aggression	0.59 (0.68)	0.70 (0.73)	0.54 (0.64)	χ^2 (2, N=947)=5.53 p=0.062	AL>M; AL>E; M<E
Childhood Trauma Questionnaire (CTQ)					
Physical Neglect	7.13 (1.58)	7.09 (3.01)	7.58 (1.84)	χ^2 (2, N=849)=10.25 p=0.006	AL<M*; AL<E; M<E
Physical Abuse	0.96 (2.19)	2.87 (4.78)	0.86 (2.54)	χ^2 (2, N=857)=66.14 p<0.001	AL>M*; AL>E*; M>E
Emotional Neglect	4.97 (4.01)	7.82 (5.69)	4.59 (3.67)	χ^2 (2, N=846)=48.10 p<0.001	AL>M*; AL>E*; M<E
Emotional Abuse	2.33 2.92)	4.10 (4.83)	2.42 (4.26)	χ^2 (2, N=816)=18.78 p<0.001	AL>M*; AL>E*; M>E
Sexual Abuse	0.34 (0.83)	0.80 (1.40)	0.41 (1.02)	χ^2 (2, N=867)=24.06 p<0.001	AL>M*; AL>E*; M>E
Denial	7.26 (2.73)	6.23 (3.06)	7.22 (2.63)	χ^2 (2, N=856)=37.76 p<0.001	AL<M*; AL<E*; M<E

Table 5: Prevalence of Abuse

Variable	None to Minimal		Low Moderate to Moderate		Moderate to Severe		Severe to Extreme	
	N=	%	N=	%	N=	%	N=	%
Total Emotional Abuse N=816	743	91.1	41	5.0	17	2.1	15	1.8
Males (N=250)	218	87.0	18	7.0	7	3.0	7	3.0
Females (N=527)	490	93.0	20	4.0	10	2.0	7	1.0
Missing (N=39)	35	90.0	3	8.0	0	0.0	1	2.0
Total Emotional Neglect N=846	683	81.0	103	12.0	36	4.0	24	3.0
Male (N=258)	198	77	37	14	13	5	10	4
Female (N=548)	452	82	59	11	23	4	14	3
Missing (N=40)	33	83	7	17	0	0	0	0
Total Physical Abuse N=857	809	94.0	15	2.0	9	1.0	24	3.0
Male (N=266)	241	90.5	10	4.0	4	1.5	11	4.0
Female (N=551)	529	96.0	4	1.0	5	1.0	13	2.0
Missing (N=40)	39	98	1	2	0	0	0	0
Total Physical Neglect N= 859	484	56.0	302	35.0	57	7.0	16	2.0
Male (N=256)	140	55.0	85	33.0	22	8.5	9	3.5
Females (N=563)	314	56.0	209	37.0	33	6.0	7	1.0
Missing (N=40)	30	75	8	20	2	5	0	0
Total Sexual Abuse N=867	751	87.0	33	4.0	35	4.0	48	5.0
Male (N=270)	221	82.0	12	4.0	14	5.0	23	9.0
Female (N=557)	495	89.0	20	4.0	17	3.0	25	4.0
Missing (N=40)	35	88	1	2	4	10	0	0

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Table 6: Comparisons across psychological and family related variables according to severity of abuse.

(*p<0.05 **p<0.01 ***p<0.001)

	Emotional Abuse				Emotional Neglect						
	None to Minimal (N=507)		Moderate to Extreme (N=83)		None to Minimal (N=678)		Moderate to Extreme (N=131)				
	M=	SD	M=	SD	M=	SD	M=	SD			
Age	19.22	1.39	19.16*	1.28	19.33	1.82	18.91**	1.31			
Maternal Age	44.55	5.99	44.31	5.37	44.66	5.54	44.32	6.54			
Paternal Age	51.46	5.68	51.42	6.95	51.25	5.66	50.55	7.77			
No of Siblings	3.54	1.62	3.89	2.20	3.49	1.66	4.10**	2.07			
GHQ	15.08	5.82	15.92*	5.38	15.16	6.01	16.15	6.82			
Self-Esteem	0.48	0.68	0.53	0.70	0.47	0.69	0.44	0.71			
Dissociation	0.81	0.57	0.92	0.52	0.84	0.57	0.86	0.56			
PTSD	1.05	0.66	1.13	0.69	1.03	0.65	1.05	0.68			
Self Harm	0.11	0.31	0.23***	0.42	0.11	0.31	0.19**	0.39			
Impulsivity	1.10	0.78	1.30	0.76	1.13	0.78	1.18	0.79			
Aggression	0.60	0.68	0.81**	0.72	0.63	0.70	0.74	0.75			
Eating Disorders	0.40	0.54	0.55	0.65	0.41	0.57	0.46	0.61			
Total Psychological Problems	4.51	2.15	5.47**	2.40	4.59	2.23	5.05*	2.30			
Physical Abuse				Physical Neglect				Sexual Abuse			
None to Minimal (N=543)		Moderate to Extreme (N=63)		None to Minimal (N=318)		Moderate to Extreme (N=87)		None to Minimal (N=507)		Moderate to Extreme (N=53)	
M=	SD	M=	SD	M=	SD	M=	SD	M=	SD	M=	SD
19.24	1.36	18.92**	1.33	19.29	1.44	18.92*	1.20	19.24	1.38	18.96*	1.18
44.68	5.92	43.56**	6.05	44.97	5.56	43.71**	6.42	44.58	5.97	44.90	5.36
51.44	5.62	50.46**	6.85	51.56	5.22	50.73	7.04	51.37	5.79	51.29	5.52
3.56	1.61	3.98**	2.36	3.73	1.76	3.92	2.05	3.55	1.72	4.19*	1.72
15.22	5.80	15.80	6.15	15.48	6.01	16.47	5.78	15.17	5.81	17.09**	6.11
0.46	0.69	0.59	0.77	0.50	0.72	0.61	0.76	0.46	0.69	0.67	0.80
0.84	0.56	0.90	0.55	0.85	0.56	0.94	0.52	0.83	0.57	1.02***	0.58
1.06	0.67	1.17	0.66	1.10	0.67	1.11	0.69	1.06	0.67	1.17	0.73
0.11	0.31	0.23*	0.42	0.11	0.31	0.26***	0.44	0.12	0.32	0.21*	0.41
1.13	0.78	1.22	0.77	1.15	0.76	1.24	0.74	1.13	0.78	1.38	0.64
0.61	0.69	0.77*	0.67	0.60	0.67	0.81**	0.69	0.61	0.69	0.78*	0.73
0.41	0.56	0.50	0.63	0.39	0.52	0.53	0.67	0.42	0.55	0.58	0.68
4.62	2.21	5.38	2.30	4.70	2.15	5.50*	2.36	4.63	2.20	5.78***	2.46

Discussion

Limitations of the study:

In this study, there is a lack of formal randomisation in allocating participants. The questionnaires are too brief and the translation used has not been standardised on Egyptian dialects. This may lead to possible errors in understanding questions. There has been only one question used to identify history of sexual abuse. We made it this way, as in the Saudi study, to minimise any cultural sensitivities among our participants. The Al-Zahrani questionnaires³³, used in this study, have been designed to be brief, to avoid exhausting participants with too many questions. This has meant that some of the other important long term consequences of child abuse not being included, e.g. “Misuse of Psychoactive Substances”^{42,43}, “Revictimisation”⁴⁴, physical health implications^{45,46}, offending and abusive behaviour^{47,48} and others.

There are other limitations that need to be considered when interpreting results from this study. There is the possibility that “recall” bias and selection bias may have affected the participants’ responses. There are no clinical assessments based on direct interviews to verify the results of the questionnaires. The high numbers of female subjects compared to male subjects could be due to selection error. The sample in this study is not fully representative of Egyptian society, and it is quite possible that the prevalence of abuse is much higher in uneducated and

poorer social classes. The data about “parents’ employment” and “parents’ income” may lack validity and reliability because the questions were relatively brief.

Demographic and descriptive data regarding males and females (table 3):

In the table it was demonstrated that Female subjects are significantly; younger in age and have higher mean scores on the GHQ and on PPS-self-esteem difficulties scale. These results are consistent with the general perception that females in Arabic modern cultures are under more pressure due various added challenges (i.e. the expectation to do well in both education and work on top of their traditional role as wives and mothers).

However, it came as a surprise that the male participants have had significantly higher scores on the CTQ regarding physical abuse, sexual abuse, emotional abuse and the emotional neglect subscales. They are also descriptively higher on the physical neglect subscale. This is different from the stereotypes that boys receive preferential treatment from their parents compared to girls. However, middle class Arabic families also tend to be more protective towards girls than boys. However, it remains possible that these results were affected by the higher scores on the CTQ-denial subscale.

These results might be explained by the observation that middle class Egyptian families tend to underestimate

the adverse experiences their boys go through during childhood while giving most their attention towards protecting girls. These families are usually less protective about boys outside home which can increase risks of some types of abuse including sexual abuse, away from parents' supervision. It is also known that Egyptian parents can use more physical punishment as a mean of disciplining boys as compared with girls, as it is the case in schools^{15, 16}, which slightly increase risks of physical and emotional abuse among boys compared to girls.

Demographic and descriptive data across the three colleges (table 4)

Total GHQ score is descriptively higher in participants from Education and Medical colleges compared to college of Art and Literature. This probably indicates higher situational-stresses among the first group more than trait-stresses. It is well known that studying in Medical and Education colleges is harder than it is in college of Art and Literature.

Participants from the Art and Literature colleges are higher in all scores on the PPS though statistically significant only in total score PPS and "self harm" score. They are also scored significantly higher on the physical abuse, emotional abuse, emotional neglect and sexual abuse subscales of the CTQ as compared to participants from both colleges of Medicine and Education. However the "denial" score is significantly higher in participants from Medical and Education colleges. This

could mean that participants from these two colleges are underreporting child abuse. Unfortunately, difficulties with skewness and kurtosis within the data prevented the use of parametric statistical analysis where Denial could have been entered as a covariate (e.g., ANCOVA). However, these participants reported higher scores, on emotional neglect subscale than participants from the Arts and Literature colleges.

The differences between the participants from the college of Art and Literature compared to the participants from the other two colleges may be associated with the fact that they have less parental income, less parental education and higher number of siblings.

Prevalence of abuse (table 5):

Comparing the prevalence findings from this study to other studies is difficult. Different studies use different samples in each country, and have made use of differing questionnaires from the current study. Results can also vary widely in the same country at different times. The most relevant outcome from the current study is that childhood abuse and its psychological implications are far more prevalent in our societies than mental illnesses without abuse. Childhood abuse is also a major trigger of mental illness in later adulthood⁹. This means that mental health services need to further develop resources and facilities to detect and manage this kind of problems. Social, educational and legal establishments need to give similar attention to this phenomenon.

Table 7: Prevalence studies of child abuse in different countries

Country	Authors	Year	Number of cases	Breakdown of cases (%)
United kingdom	May-Chahal & Cawson ⁴⁹	2005	2,869	Total abused (16%), Physical abuse (7%), Sexual abuse (11), Emotional abuse (6%), Emotional Neglect (6%), absence of care (6%), Absence of supervision (5%)
USA	Briere & Elliott ⁵⁰	2003	935	Physical abuse (20.9%: 22.2% of males & 19.5% of females), Sexual abuse (23.3%: 14% of males & 32% of females),
USA	Hussey, Chang & Kotch ⁵¹	2006	15 197	Supervision neglect (41.5%), Physical assault (28.4%), Physical neglect (11.8%), Sexual abuse (4.5%)
Canada	MacMillan et al ⁵²	1997	9953	Physical abuse (31.2% of males & 21.1% of females), Severe physical abuse (10.7% of males & 9.2% of females), Sexual abuse (4.3% of males and 12.8% of females),
Saudi Arabia	Al-Zahrani ³³	2005	832	Emotional neglect (26.6%) Emotional abuse (22.8%) Sexual abuse (22.7%) Physical neglect (18.4%) Physical abuse (12.2%)
Egypt	This study (Mansour et al)	2010	963	Emotional neglect (19%) Emotional abuse (8.9%) Sexual abuse (13%) Physical neglect (44%) Physical abuse (6%)

In our study, the prevalence of physical abuse (6%) seems to be an underestimation as corporal punishment is a widespread phenomenon in Egyptian families and in Egyptian schools.^{15,16} did a survey of corporal punishment in a number of preparatory and secondary schools in Alexandria in

1998. Their studies revealed that 37.47% of children were disciplined physically, by their parents, in the form of beating and a few were also burned or tied. In 25.83% of them, this harsh discipline led to physical injuries of variable degrees of severity amounting to fractures, loss of consciousness, and

permanent disability. The study also revealed that a substantial proportion of boys (79.96%) and girls (61.53%) incurred physical punishment at the hand of their teachers. Teachers were using their hands, sticks, straps, shoes, and kicks to inflict such punishment without sparing a part of their students' body. Physical injuries were reported by a significantly higher percentage of boys, the most common being bumps and contusions followed by wounds and fractures. Among boys, serious injuries such as loss of consciousness and concussion were encountered.

The lower prevalence of physical abuse in our study may be due to errors in reporting, or associated with a "normalisation" of physical abuse within Egyptian society, considering that it is commonly used within home and schools. The participants could have also been underreporting physical abuse due to "denial", and corporal punishment may be considered by some as something different from abuse (e.g. "discipline", "educational motivator", "harsh form of care", etc"). It is also possible that the reporting of physical abuse has been affected by recall bias. In a society where corporal punishment is the norm, when participants are asked about "physical abuse in childhood" they tend to report only exceptional incidents of corporal punishment which hurt them more than usual.

Long term impact of abuse (table 6):

In this study, as shown in table 6, we have separated each type of abuse and

considered their associations with other psychological difficulties. However, this is an artificial separation, as in real life, child abuse is more likely to occur in more than one form than not. So it is better to interpret results in this context.

The results of this study are consistent with the international literature about the link between childhood abuse and a number of psychological problems in adulthood as listed in the PPS questionnaire. Descriptively, all types of abuse, have been found to be associated with higher scores on PPS and many are statistically significant (table 6). However, this association is not dependent on the scores of the GHQ (indicative of current stress level) and seems to be due to "trait" problems and not "state" problems.

However, certain points need to be considered while interpreting these results. One example is the influence of demographics data on the results e.g. income, number of siblings and parents level of education. It is possible that poverty, and large size families, could be a confounding factor for both the occurrence of abuse as well as the high scores on the PPS.

In the results of table 6, it seems that "Self harm" is the most sensitive psychopathological variable to different types of childhood abuses. These results suggest that a special attention needs to be given to history of self harm and its possible

connection to abuses during childhood. This is also consistent with the literature^{53,54}. "Aggression" is also highly related to childhood abuse in our study. This could be one of the mechanisms how the abused could turn into abusers^{55,56}.

In contrast with the international literature⁵⁷, our study has revealed that the scales of "Post Traumatic Stress Disorder", Eating Disorder, "Impulsivity" and to some extent "Dissociation" have not been statistically correlated with any form of abuse ("Dissociation" is statistically related to "sexual Abuse") despite that they have been descriptively higher in all forms of abuse. This could be explained as due to the lack of awareness of these concepts in Egyptian and Arabic cultures. There is also the factor of vague wording of the Arabic translation of the questions of

these subscales, which may have contributed to these results.

Conclusion:

This study aims at drawing attention to the phenomenon of child abuse in Arabic societies. Our study and the Saudi study suggest that it is a fairly wide spread problem which affects many individuals. The prevalence of child abuse found, suggests that it is more prevalent than most of the well known mental disorders like depression and schizophrenia (without abuse). We hope that clinicians in the Arab world will make more effort to identify these problems, provide effective therapies and increase public awareness. We hope that resources can be provided by Arab governments to make this possible. We also hope that our research would encourage other Arab researchers to produce more studies in this field.

المخلص :

مقدمة : ظهر في الأونة الأخيرة اهتماماً متزايداً في العالم العربي حول الاعتداء على الأطفال وآثاره على المدى الطويل في مرحلة ما بعد البلوغ. هذه الدراسة تعتبر امتداداً لدراسة مماثلة في المملكة العربية السعودية ، وتهدف الدراسة إلى استكشاف بعض الخصائص الوبائية لهذه المشكلة في مصر.

الأهداف : لدراسة مدى انتشار إساءة معاملة الأطفال وما يرتبط بها من مشاكل نفسية في مرحلة ما بعد البلوغ ، حسب ما ورد في عينة من طلاب الجامعات في مصر.

الطريقة : 963 طالباً ، من ثلاث كليات مختلفة من جامعة الزقازيق (الطب والتربية والفنون والآداب) أجابوا علي استبيانات متعددة بما في ذلك : استبيان الصحة العامة (القيادة العامة) ، استبيان الصدمة للطفل الصدمة (CTQ) و قياس المشكلة النفسية.

النتائج : أفادوا الطلاب بأنهم عانوا من الإهمال العاطفي (19 ٪) ، والإساءة العاطفية (8.9 ٪) ، والإهمال البدني (44 ٪) والإساءة الجسديه (6 ٪) والاعتداء الجنسي (13 ٪). تم ربط الإساءة في الطفولة (من الدرجة المعتدلة إلي الدرجة الشديده) مع توليفات مختلفة من مشاكل نفسية (انخفاض احترام الذات ، انحلال ، إيذاء الذات ، الاندفاع والعدوان) في مرحلة ما بعد البلوغ. لا يبدوللضغوط الجنسيه و الظرفيه (كما هو مبين من قبل القيادة العامة) التأثير على النتائج بقدر ما يكون الحال في حالات الدخل المنخفض وحجم الأسرة الكبيرة.

ختاما : أفادت لدينا نسبة كبيرة من العينة بحدوث إساءة معاملة الأطفال والعديد من النتائج المرضية على المدى الطويل لسوء المعاملة في مرحلة ما بعد البلوغ. ويبدو أن المشكلة خطيرة في هذه العينة من الطبقة المتوسطة ، وأنه لا يزال ممكنا أن هذه المشاكل يمكن أن تكون أسوأ في الطبقات الاجتماعية الدنيا.

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Appendix 1:

بسم الله الرحمن الرحيم

جامعة الزقازيق
قسم الطب النفسي

عزيري الطالب

استمبحكم عذراً في اقتطاع عشرة دقائق من وقتكم الثمين للإجابة على هذا الاستبيان والذي نهدف من ورائه إلى التعرف على:
العلاقة بين خبرات الطفولة والاضطرابات النفسية الناتجة عنها في الكبر"

أود أن أطمئنكم هنا بأن إجاباتكم ستكون في غاية السرية والكتمان كما اقتضت به الموارد العلمية وتأكدوا من حرصنا الشديد على ذلك انطلاقاً من الأمانة العلمية. وتأكيدياً على ذلك نرجو منكم عدم ذكر اسمكم أو أي شيء يدل عليكم.

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تذكروا بأنه ليس شرطاً أن تكونوا قد تعرضتم إلى أي خبرة سلبية ولكن كما تعلمون هدفنا هنا هو معرفة حجم المشكلة ومدى انتشارها ولهذا يظل رأيكم وإجاباتكم على هذا الاستبيان مهم لدينا.
تأكدوا بأن مصداقيتكم في الإجابة على هذه الأسئلة ستكون دافعاً وبعثاً للمهتمين على الارتقاء بالخدمات التي ستقدم للأطفال في المستقبل بمشيئة الله تعالى من أجل تهيئة الأجواء الصحية السليمة وقاية لهم من الاضطرابات النفسية، فضلاً على أن إجاباتكم على هذا الاستبيان إنما ينم عن عقليتكم الراقية والمتفتحة والداعمة للبحوث العلمية.
نرجو منكم التكرم عند الانتهاء من الإجابة اتباع مايلي:
ضع الإجابة في الظرف المخصص لذلك والمرفق مع هذا الاستبيان
اغلق الظرف جيداً وضعه في الصندوق المخصص
إذا كان لديكم أي استفسار أو تعليق رجاء الاتصال بنا على العنوان الالكتروني التالي:
omaimadaoud@btinternet.com

مع خالص الشكر و التقدير لكم لاقتطاع جزءاً من وقتكم الثمين للإجابة على هذا الاستبيان.

بالنيابة عن فريق البحث
د. أميمة عبدالله داود
قسم الطب النفسي
كلية الطب
جامعة الزقازيق

الجزء الأول

الجنس () ذكر () أنثى

العمر:

الجزء الثاني

نود هنا بالحصول على معلومات كافية عن أسرتك. لذا نرجو كرماً الإجابة على جميع الأسئلة.

عمر الأم:

عمر الأب:

وظيفة الأم:

وظيفة الأب:

عدد اخوتك:

برجاء وضع علامة √ أمام الاجابة الصحيحة:

تعليم الأم (1) ابتدائي (2) ثانوي (3) جامعي

تعليم الأب (1) ابتدائي (2) ثانوي (3) جامعي

:

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دخل الأبوين (1) دون المتوسط (2) متوسط (3) فوق المتوسط
الوضع الإجتماعي للوالدين: (1) يعيشون مع بعض (2) مطلقين (3) ارملة/ارمله
محل سكن الوالدين: (1) مدينه (2) قريه (3) هجره الي الخارج

الجزء الثالث:

سوف يعرض عليك فيما يلي مجموعة من العبارات الهدف من ورائها هو التعرف على صحتك العامة، من خلال معرفة ما إذا كان لديك أي شكوى مرضيه وكيف كانت صحتك بصفة عامة ، لذا نرجو منك وضع إشارة (√) أمام العبارة التي تنطبق عليك. تذكر بأننا نبحث عن الشكاوي المرضية الحاضرة وليست الماضية.

- 1- هل تشعر بأنك قادر على تركيز انتباهك في أي شي تؤديه؟
 أحسن من المعتاد كالمعتاد أقل من المعتاد أقل من المعتاد بكثير
- 2- هل تشعر أن نومك قل نتيجة للهموم إطلاقا ليس أكثر من المعتاد أكثر من المعتاد بقليل أكثر من المعتاد بكثير
- 3- هل تشعر بأنك تقوم بدور مهم في الأمور المحيطة بك؟
 أكثر من المعتاد بكثير كالمعتاد تقريبا أقل من المعتاد أقل من المعتاد
- 4- هل تشعر بأنك قادر على اتخاذ قرارات بشأن بعض الأمور
أكثر من المعتاد كالمعتاد أقل من المعتاد أقل من المعتاد بكثير
- 5- هل تشعر بأنك تعاني من ضغوط مستمرة؟
 إطلاقا ليس أكثر من المعتاد أكثر من المعتاد بقليل أكثر من المعتاد بكثير
- 6- هل تشعر بأنك لا تستطيع التغلب على الصعوبات التي تواجهك؟
 إطلاقا ليس أكثر من المعتاد أكثر من المعتاد بقليل أكثر من المعتاد بكثير
- 7- هل تشعر بأنك قادرا على الاستمتاع بأنشطتك اليومية؟
أكثر من المعتاد كالمعتاد أقل من المعتاد أقل من المعتاد بكثير
- 8- هل تشعر بأنك قادرا على مواجهة مشاكلك؟
أكثر من المعتاد كالمعتاد أقل من المعتاد أقل من المعتاد بكثير
- 9- هل تشعر بأنك مكتئب وغير سعيد ؟
 إطلاقا ليس أكثر من المعتاد أكثر من المعتاد قليلا أكثر من المعتاد بكثير
- 10- هل تشعر بفقدان الثقة بنفسك؟
 إطلاقا ليس أكثر من المعتاد أكثر من المعتاد قليلا أكثر من المعتاد بكثير
- 11- هل تشعر بأنك إنسان عديم الفائدة؟
 إطلاقا ليس أكثر من المعتاد أكثر من المعتاد قليلا أكثر من المعتاد بكثي

12- هل تشعر بأنك سعيد بدرجة معقولة؟

□ أكثر من المعتاد □ كالمعتاد تقريبا □ أقل من المعتاد □ أقل من المعتاد بكثير

الجزء الرابع:

الأسئلة التالية تهدف إلى التعرف على شخصيتك بصفة عامة، كيف كان شعورك وتصرفك أو سلوكك بصفة عامة. لذا من فضلك ضع دائرة حول كلمة "نعم" إذا كانت العبارة تنطبق عليك في الغالب أو دائرة حول "لا" إذا كانت لا تنطبق عليك:

الرقم	العبارة	نعم	لا
13	اعتقد أحيانا بأنني غير نافع على الإطلاق.	نعم	لا
14	لدي اتجاه إيجابي نحو نفسي.	نعم	لا
15	أحيانا عندما استمع إلى شخص ما أدرك فجأة بأنني لم استمع إلى جزء من كلامه أو كله.	نعم	لا
16	أجد نفسي أحيانا فجأة في مكان لا اعرفه ولا ادري كيف وصلت إليه.	نعم	لا
17	اعتقدت أحيانا بأنني غير جدير بأن أكون شخص جيد.	نعم	لا
18	شعرت أحيانا بأنني على وشك الإصابة بمكروه.	نعم	لا
19	أحيانا أتعمد خدش أو جرح أو حرق نفسي	نعم	لا
20	هل عملت الأشياء باندفاع؟	نعم	لا
21	هل تجعلك الأشياء البسيطة غضبان؟	نعم	لا
22	اقضي قدرا كبيرا من الوقت أفكر في الأكل ومتى سأتناول الطعام.	نعم	لا
23	كنت عندما انتهي من الأكل استخدم بعض المسهلات أو التمارين الرياضية... الخ حتى لا يزداد وزني.	نعم	لا
24	أحيانا ادخل في مضاربات (عراكات) مع الآخرين.	نعم	لا
25	كنت أخشى أحيانا من أنني قد أقوم بإيذاء بدني لشخص ما دون سبب وجيه.	نعم	لا

الجزء الخامس:

الأسئلة التالية تدور حول خبراتك السابقة خلال مراحل عمرك الأولى والممتدة من بداية طفولتك حتى أوائل فترة المراهقة. لذا حاول قدر المستطاع التذكر بكل أمانة و إخلاص. غالبية هذه الأسئلة يغلب عليها الطابع الشخصي. ليس شرطا هنا أن تكون أنت المعني بهذه الخبرات ولكن كما أشرت

في المقدمة من أن الهدف هو معرفة مدى انتشار هذه أظواهره. لهذا أخي الكريم أرجو عدم الأحجام أو ترك الإجابة على هذه الأسئلة بسبب حساسيتها لأنك ستخدم بإجابتك هذه المجتمع بأسره.

أقرأ السؤال جيدا ومن ثم ضع دائرة على النقطة السوداء في الخانة التي تراها تنطبق عليك. لا تنسى قبل أن تضع الدائرة بأن تنظر إلى أعلى الصفحة للتأكد من أنك اخترت الإجابة الصحيحة والتي تنطبق عليك خلال فترة الطفولة أو المراهقة.

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لرقم	العبارة	غير صحيح مطلقا	صحيح نادرا	صحيح أحيانا	صحيح غالبا	صحيح على الأغلب
26	في طفولتي كنت أتعرض للحرمان بما في ذلك الحرمان من الطعام	●	●	●	●	●
27	في طفولتي كنت أحظى بالعناية والرعاية ممن هم حولي	●	●	●	●	●
28	في طفولتي كان بعض أفراد عائلتي ينعونني بالألقاب نابية بشكل منتظم	●	●	●	●	●
29	في طفولتي كانا والدي لاهيان عنا لدرجة انهما لم يستطيعا العناية بالعائلة	●	●	●	●	●
30	في طفولتي كان هناك أحد أفراد عائلتي يحسني باني مهم أو مميز	●	●	●	●	●
31	في طفولتي لم أجد إلا ملايس باليه لارتديها	●	●	●	●	●
32	في طفولتي شعرت بأنني محبوب	●	●	●	●	●
33	في طفولتي شعرت بان والدي تمنيا بأنني لم اخلق	●	●	●	●	●
34	في طفولتي تعرضت إلى ضرب مبرح من أحد أفراد عائلتي احتجت على أثرها إلى عناية طبية	●	●	●	●	●
35	في طفولتي لم أتمنى بأنني ولدت لأبوين آخرين	●	●	●	●	●
36	في طفولتي كان بعض أفراد عائلتي يضربني بقسوة مما ترك اثر لعلامات وكدمات على جسيمي	●	●	●	●	●
37	في طفولتي كنت أعاقب بربطي بلوح أو حبل أو أي شيء آخر صلب	●	●	●	●	●
38	في طفولتي كان أفراد عائلتي حريصين على بعضهم البعض	●	●	●	●	●
39	في طفولتي كان أفراد عائلتي يقولون لي كلام مؤلم ومهين	●	●	●	●	●
40	في طفولتي أسبنت معاملتي جسديا هل تذكر من الذي فعل ذلك؟..... وكم كان عمرك آنذاك تقريبا؟.....	●	●	●	●	●
41	في طفولتي عشت طفولة ممتازة	●	●	●	●	●
42	في طفولتي ضربت بشكل سيئ لوحظ علي من قبل المعلم أو الجار أو الطبيب	●	●	●	●	●
43	في طفولتي شعرت بان أحد أفراد عائلتي يكرهني	●	●	●	●	●
44	في طفولتي كان أفراد عائلتي يشعرون بالتقارب فيما بينهم	●	●	●	●	●
45	في طفولتي كنت اشعر بان عائلتي من افضل العوائل.	●	●	●	●	●
46	في طفولتي أظن بان مشاعري قد أهينت هل تذكر من الذي فعل ذلك؟..... وكم كان عمرك آنذاك تقريبا؟.....	●	●	●	●	●
47	في طفولتي كان هناك من يأخذني للطبيب عندما احتاج إليه	●	●	●	●	●
48	في طفولتي كانت عائلتي مصدر دعم وقوة لي	●	●	●	●	●
49	في طفولتي تعرضت إلى موقف جنسي غير لائق أخلاقيا أساء إلى شخصيتي لدرجة أنني لم أستطع الروح به حتى لأقرب الناس الي هل تذكر من الذي فعل ذلك؟..... وكم كان عمرك آنذاك تقريبا؟.....	●	●	●	●	●

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في نهاية هذا الاستبيان أود أن أتقدم لكم بجزيل الشكر وعظيم الامتنان على ما قمتم به مجهود إضافة إلى اقتطاعكم جزء من وقتكم الثمين للإجابة على هذه الأسئلة. ونحن واثقون من أن صنيعكم هذا ينم عن وعي وأدراك من شخصكم الكريم بأهمية البحث العلمي.
كما إنني على أتم الاستعداد بتزويدكم بصورة من نتائج هذا البحث إذا أردتم ذلك
وأخيرا وليس أخيرا نوجه هنا دعوة خالصة لله عز وجل أن يجعل هذا العمل الذي قمتم به في موازين أعمالكم الصالحة وأن يديم عليكم نعمة الصحة والعافية انه سميع مجيب.
وأخر دعوانا أن الحمد لله رب العالمين
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