ASSESSMENT OF SUSPECTED CHILD ABUSE CASES AT PEDIATRIC PSYCHIATRY CLINIC, MEDICOLEGAL STUDY

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ABSTRACT

Background: Child abuse is still a major public health problem, especially in developing countries. The current study aims to assess suspected child abuse cases regarding the abuse type, its different patterns, and its relation to children's psychiatric disorders **Materials and Methods:** The current study is a prospective and retrospective cross-sectional statistical study conducted on suspected child abuse cases at the psychiatric outpatient clinic. All children suspected to be abused were included in this study. Parents were asked a prepared questionnaire about child abuse and their possible parental risk factors. **Results:** All children in this study were exposed to both emotional and physical abuse and only 10 cases were exposed to sexual abuse. Out of 360 children, 71.9% were males, 60% were in school age, and children with Attention Deficit Hyperactive Disorder (ADHD) were more abused and so the first child in the family. The more abusing families were of married parents, from urban areas, and had low income. Less-educated parents, working fathers, and nonworking mothers were common abusers. Substance abuse, smoking, and parental history of childhood abuse were significant risk factors for abuse. **Conclusion:** This study showed that physical and emotional abuse were common and significantly related to child psychiatric disease.

Keywords: (Child abuse, Psychiatric disorders, Cairo, Demographic characteristics, Risk factor)

INTRODUCTION

Child abuse is a violation of the child's basic human rights and is usually an outcome of interrelated social, familial, economic, and psychological factors **(Banu and Manimekalai, 2019).**

Parental or caregiver-related risk factors of child abuse are many, among which; low level of education, unemployment, parents' young age, and parental mental disorders such as anxiety, substance abuse, depression, and also physical or mental debilitations in children **(Derakhshanpour et al., 2017).**

Child abuse hurts the quality of life, physical, behavioral, and psychological health of the victims. Also, Child abuse may result in a severe trauma or even death of children **(Yousefi et al., 2019).** Previous studies of seriously disturbed individuals revealed a high correlation between child maltreatment and bad behavioral, psychosocial, and developmental outcomes **(Giardino et al., 2018).**

Prevention of intrafamilial violence could be achieved or reached by the elimination of violent sources in the society and the family, as violence in media entertainment, stresses such as inequality of opportunity, unemployment, and

poverty, must be abolished, and families must reduce social isolation, and be taught about violence alternatives in dealing with children's behavior **(Elsaied and Alsehly, 2017).**

The aim of the current study is to assess suspected child abuse cases regarding the type of abuse, its different patterns, its relation to psychiatric disorders in children and to determine the child abuse risk factors and demographic characteristics of involved children and parents.

SUBJECTS AND METHODS

Subjects:

The current is a prospective and retrospective statistical study conducted on suspected child abuse cases at the psychiatric outpatient clinic (social & preventive medicine center, faculty of medicine, Cairo university), retrospectively from the period of June 2018 to June 2019 and prospectively from July to December 2019.

All children suspected to be abused (from the history of the caregiver and/ or clinical examination of the child) were included in this study.

Scientific & Ethical Committee approval:

This study was approved and authorized by the Ethical & Scientific Committee of Forensic Medicine and Clinical Toxicology Department as well as the research ethical committee of kasr Al Ainy faculty of medicine, Cairo University (code: MS-77-2019).

Selection criteria
Patients' Inclusion Criteria:
• Children from day 0 to 14 years old (as the child psychiatric clinic manages children till 14 years old and elder age referred to the adult clinic)
• Both sexes
• Suspected child abuse (physical, emotional, or sexual) either from history or physical examination

Patients' Exclusion Criteria:
• Any disease not related to abuse.

Consent: The children's parents or the legal guardian gave Informed consent before participating in the study.

Methods:

Prospective assessment:
Cases were analyzed for:
- Child demographic data such as age, sex, birth order, and education.
- Parental demographic data → age, residence, children number in the family, marital state, educational state, occupation, and income level.

Primary data for the child's assessment include:

- Type of psychiatric disorder
- Type of abuse

Parents were asked a prepared questionnaire about the different child abuse type (emotional, physical, and sexual) and their possible parental risk factors

A) **possible parental risk factors of child abuse (Stith et al., 2009) (illustrated in Table 3)**
B) **The extent of physical abuse by parents as mentioned by (Tendolkar and Kulkani, 2017) (illustrated in Table 4)**
C) **Emotional abuse (Saad et al., 2016) (illustrated in Table 5).**
D) **Sexual abuse (Salvagni and Wagner, 2006) (illustrated in Table 8)**

Retrospective assessment:
Data were collected from files of children diagnosed as a definite or suspected abuse cases.
Cases were analyzed for:
- Child demographic data as age, sex, birth order, and education.
- Parental demographic data → age, residence, children number in the family, marital state, educational state, occupation, and income level.
- Primary data for the child's assessment include:
- Type of psychiatric disorder
- Type of abuse.

Statistical methods:

The collected data were organized, coded, and entered using the statistical package SPSS version 22. data were expressed as frequency and percentage. Chi^2 test and Fisher Exact tests were used when comparing the incidence of studied parameters. Numerical data were summarized as mean and standard deviation and then compared using analysis of variance ANOVA. P value less than or equal to 0.05 is considered significant.

RESULTS

In the current study, 360 children (60 prospective and 300 retrospective) were included, all of them were exposed to both emotional and physical abuse and only ten of them were exposed to sexual abuse.

1-Physically and emotionally abused children

Regarding age distribution among studied cases, school age (6 to 14 years) was the commonest statistically affected age (p-value <0.001, while male children (71.9%) were significantly more abused than females. Analysis of birth order showed that the first child in the family was commonly affected (**Table 1**).

As regards the child psychiatric disorder, this study showed highly statistically significant relation between violence exposure (both physical and emotional) and the psychological health status of children as those with ADHD (47.22%) were more abused (p value<0.001) as shown in (**Figure 1).**

It was also observed that significantly higher percentages (p value<0.001) of abused children lived in urban areas (73.1%). Families that had three children (39.2 %), a low-income level between 1200-3000 LE (90%) together with married parents (90.3%) were significantly more abusive. Furthermore, the results showed that working fathers (97.8%) and nonworking mothers (98.1%) were significantly abusing (p value<0.001) with both having a basic level of education (71.7% and 76.7% respectively) as shown in **Table (2).**

Table 1: The relation between children' personal data and both physical and emotional abuse n=360

Personal data		count	%	X^2	P value
Age	Preschool	144	40		
	School	216	60	14.4	<0.001
Sex	Males	259	71.9		
	Females	101	28.1	68.34	<0.001
Residence	Rural		26.94		<0.001
	Urban		73.06		
	1st	152	42.2		
	2nd	94	26.1		
Birth order	3rd	75	20.8		
	4th	29	8.1	387.6	<0.001
	5th	5	1.4		
	6th	4	1.1		
	7th	1	0.3		
	School	201	55.8		
	Non	76	21.1		
Number of children in the family	1	20	5.6	327.2	0.001
	2	97	26.9		
	3	141	39.2		
	4	72	20.0		
	5	20	5.6		
	6	8	2.2		

| | | 7 | 2 | 0.6 |

*Chi square test *P-value < 0.05 is statistically significant*

Table (2): The relation between family criteria and both physical and emotional child abuse n=360

Family criteria		Count	%	X^2	P value
Marital state	Married	325	90.3		
	Divorced	34	9.4	529.8	<0.001
	Widow	1	0.3		
Mother occupation	Housewife	353	98.1		
	Working	7	1.9	332.5	<0.001
Father occupation	Working	352	97.8		
	Out of work	3	0.8	672.8	<0.001
	Others	5	1.4		
Mother education	Basic	46	76.7		
	Secondary	8	13.3		
	University	2	3.3	122.8	<0.001
	Postgraduate	1	1.7		
	Non	3	5		
Father education	Basic	43	71.7		
	Secondary	7	11.7		
	University	4	6.7	101.16	<0.001
	Postgraduate	2	3.3		
	Non	4	6.7		
Income	Below 1200		3.5		0.01
	1200- 2999		90		
	3000-4999		1.5		
	>5000		5		

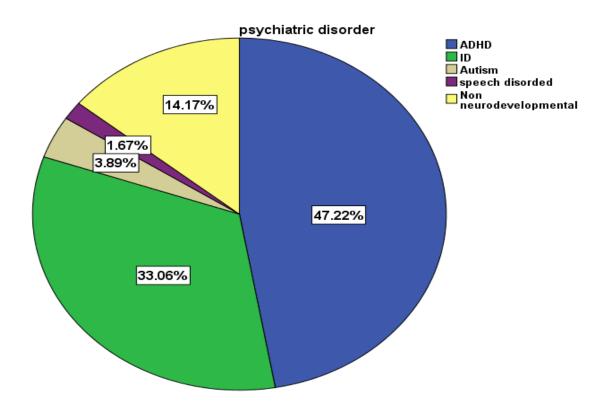*Chi square test *P-value < 0.05 is statistically significant*

Figure (1): Percentage of psychiatric disorders distribution in the abused children **n=360**

Moreover, this study showed that significantly higher percentages of abusive fathers were smokers 78.3% (p value<0.001) and substance abusers 76.7% with a significant percentage of parents having positive history of childhood abuse (78.3 % of fathers and 76.6% of mothers) **Table (3)**.

The responses of parents to questions about physical abuse were of significance showing a high rate of repeated physical abuse even every day; and they used many methods of punishment as slapping (83 %), pinching (83%), beating (98 %) and pushing (20 %). Regarding threatening; 48.3% of parents threatened their child one to three times a week while 45% threatened them every day. The children were punished for the reasons like not obeying and being naughty (43.3%), lack of concentration, quarreling with others, screaming, and breaking things (18.3%) **Table (4)**.

The responses of parents to questions about emotional abuse were statistically significant and showed that 33.3% of them called their child by a nickname that he/she did not like and the majority (83.3 %) of them frequently yell at their children. In addition, 65% of children were negatively compared with other children, and 43.3% of them were told that they were worthless and not good. Some parents (17 %) tend to ignore their children (silent treatment) to punish them and 15% tend to limit physical contact with them as a way of punishment as shown in (**Table 5**).

2-Sexual abuse of children
Among the 10 sexually abused cases (prospective cases); the majority of them were at school age (p-value < 0.2), while the sex of the child and his/her birth order showed no statistical difference**.** Intellectual disability (ID) was the commonest psychiatric disorder (50%)

followed by ADHD (40%) as shown in **Table (6)**.

Children living in urban areas were commonly sexually abused (70%) but not statistically significant (p value< 0.2) and about half of their parents had three children (50 %) and 60% of parents were married with 55.6% of families had low-income level (1200-3000). For sexually abused children; all fathers were working and nearly half of them had a basic level of education (55.6%) while all their mothers were housewives, and nearly half of them (55.6%) received secondary education (**Table 7**).

Regarding the response of parents to questions about sexual abuse; it was illustrated that 8.3% of children had an abnormal interest in sex or genitals, and only 5% gave a history that their children were feared when left alone with a given person (two children feared from their uncle and one child feared from any man). Also, 5% of children showed sudden emotional and behavioral changes. Regarding the known sexual assailant; four children were abused by a relative, while two were abused by non-relatives. In addition, only one child had genital injuries and another child had a problem with stool control (**Table 8).**

Table (3): The relation between parental risk factors and both physical and emotional child abuse n=60

Parental risk factors		count	%	X²	P value
	Non	1	1.7	57.7	
Smoking	Yes	47	78.3		<0.001
	no	12	20		
Substance abuse	Non	1	1.7	54.3	
	Yes	46	76.7		<0.001
	No	13	21.7		
Paternal history of childhood abuse	Non	1	1.7	57.7	
	yes	47	78.3		<0.001
	No	12	20		
Maternal history of childhood abuse	Yes	46	76.6	17.06	
	No	14	23.3		<0.001
Family history of psychiatric diseases	Non	1	1.7	102.7	
	Yes	2	3.3		<0.001
	No	57	95		

*Chi square test*P-value < 0.05 is statistically significant*

Table (4): Questions related to types and frequency of child physical abuse n=60

Questions related to types and frequency of child physical abuse		Count	%	X²	P value
1) Do you punish your child physically?	Yes	60	100.0%		
	No	0	0.0%		
Why do you punish your child physically?	For not obeying &naughty	26	43.3%		0.02
	For not obeying & naughty& other causes	23	38.3%	7.6	
	For other causes (lack of concentration, For quarreling with others, screaming, breaking things)	11	18.3%		
2) Is it repeated?	Yes	60	100.0%		
	No	0	0.0%		
How often?	Never	0	0.0%		
	1 to 3 times a week	23	38.3%	0.068	0.7
	Every day	37	61.7%		
3) Slapping the child	Yes	50	83.3%	26.6	<0.001
	No	10	16.7%		
How often?	Never	10	16.7%		
	1 to 3 times a week	23	38.3%	7.9	0.019
	Every day	27	45.0%		
4) Pinching the child	Yes	50	83.3%	26.66	<0.001
	No	10	16.7%		
How often?	Never	10	16.7%		
	1 to 3 times a week	26	43.3%	7.6	0.02
	Every day	24	40.0%		
5) Beating the child	Yes	59	98.3%	56	<0.001
	No	1	1.7%		
How often?	Never	1	1.7%	32.7	<0.001
	1 to 3 times a week	22	36.7%		
	Every day	37	61.7%		
6) Locked children alone	Yes	6	10.0%	38.4	<0.001
	No	54	90.0%		
How often?	Never	54	90.0%		
	1 to 3 times a week	6	10%	38.4	<0.001
	Every day	0	0.0%		
7) Make the child starve	Yes	0	0.0%		
	No	60	100.0%		
How often?	Never	60	100.0%		
	1 to 3 times a week	0	0.0%		
	Every day	0	0.0%		
8) Beating the child after quarrel with other family members?	Yes	29	48.3%		
	No	31	51.7%	0.067	0.7
How often?	Never	31	51.7%		0.7
	1 to 3 times a week	29	48.3%	0.067	
	Every day	0	0.0%		
9) Pushing the child away	Yes	12	20.0%	21.6	<0.001
	No	48	80.0%		
How often?	Never	48	80.0%		
	1 to 3 times a week	12	20.0%	21.6	<0.001
	Every day	0	0.0%		
10) Threatening the child for any reason	Yes	56	93.3%	45	<0.001
	No	4	6.7%		
How often?	Never	4	6.7%		

			Count	%	X²	P value
1 to 3 times a week			29	48.3%	19.3	<0.001
Every day			27	45.0%		

Table (5): Questions related to types and percentage of emotional abuse n=60

Questions related to emotional abuse		Count	%	X²	P value
1) Do you usually call your child a nickname that he/she don't like?	Yes	20	33.3%	6.66	0.01
	No	40	66.7%		
2) Do you usually yell at your child?	Yes	50	83.3%	26.66	<0.001
	No	10	16.7%		
3) Do you usually negatively compare your child with other children?	Yes	39	65.0%	5.4	0.02
	No	21	35.0%		
4) Do you usually tell your child that he/she is not good or worthless?	Yes	26	43.3%	1.06	0.3
	No	34	56.7%		
5) Do you usually ignore or reject your child (silent treatment)?	Yes	17	28.3%	11.26	<0.001
	No	43	71.7%		
6) Do you usually limit your physical contact with your child?	Yes	9	15.0%	29.4	<0.001
	No	51	85.0%		

*Chi square test *P-value < 0.05 is statistically significant*

Table 6: The relation between personal data of children and their exposure to sexual abuse

		Count	%	X²	P value
Age	Preschool	3	30	1.6	0.2
	School	7	70		
Sex	Male	6	60	0.4	0.5
	Female	4	4		
Birth order	1st	3	30	2	0.5
	2nd	1	10		
	3rd	2	20		
	4th	4	40		
Education	KG	3	30	1.6	0.2
	School	7	7		
Psychiatric disorder	ADHD**	4	40	2.6	0.27
	ID***	5	50		
	Non neurodevelopmental	1	10		

*Chi square test *P-value < 0.05 is statistically significant*

**ADHD: Attention Deficit Hyperactive Disorder

***ID: Intellectual disability

Table 7: The relation between family criteria and child sexual abuse n=10

Family criteria		count	%	X²	P value
Residence	Rural	3	30	1.6	0.2
	Urban	7	70		
	2	2	20	4.7	0.18
No of children in the family	3	5	50		
	4	2	20		
	6	1	10		
Marital state	Married	6	60	0.11	0.7
	Divorced	4	40		
Father occupation	Working	10	100		
	Out of work	0	0		
	Others	0	0		
Mother occupation	Housewife	10	100		
	Working	0	0		
Father education	Basic	5	55.6	2.6	0.2
	Secondary	1	11.1		
	Non	3	33.3		
Mother education	Basic	4	44.4	0.11	0.7
	Secondary	5	55.6		
	Non	0	0		
	Below 1200 LE	2	22.2	4.7	0.18
Income	1200-3000	5	55.6		
	3000-5000	1	11.1		
	>5000	1	11.1		

Table (8) Questions related to signs and symptoms associated with sexual abuse n=60

Questions related to signs and symptoms associated with sexual abuse		Count	%	X²	P value
1) Abnormal interest in or curiosity about sex or genitals	**No**	55	91.7%	41.66	<0.001
	Yes	5	8.3%		
2) Fear of being left alone with a given person	**No**	57	95.0%	48.6	<0.001
	Yes	3	5.0%		
3) Sudden emotional or behavioral changes	**No**	57	95.0%	48.6	<0.001
	Yes	3	5.0%		
4) Genital/anal injuries	**No**	59	98.3%	56	<0.001
	Yes	1	1.7%		
5) Did your child told you that any one tried to sexually abuse him/ her	**None**	54	90.0%		<0.001
	Relative	4	6.7%	86.8	
	Non-relative	2	3.3%		
6) Is there a problem in stool control	**Yes**	1	1.7%	56	<0.001
	No	59	98.3%		

Chi square test *P-value < 0.05 is statistically significant

DISCUSSION

In the current study; all abused children were exposed to emotional and physical abuse and only 2.77% had experienced sexual abuse. This result could be explained by many facts; parents in the Arab world tend to explain the use of corporal punishment for education and discipline, in addition, the increased community violence and social stress observed recently made parents more aggressive, and usually start with verbal threatening before doing physical punishment, so both types emotional and physical abuses usually are closely related (**Alyahri and Goodman, 2008).**

In accordance with the current study**, (Arabghol et al., 2016)** reported that the commonest abuse type was the physical type (76.7%) followed by the emotional (72.6%), neglect (39.7%) and the least common was sexual abuse (4.1%) among children referred to the pediatric, emergency and child psychiatric departments in Imam Hossein hospital, Iran. Also (**Bhilwar et al., 2015**) in South India, agreed with the high prevalence of physical abuse followed by emotional and the least sexual abuse.

In contrary, in another study done in Ismailia, Egypt, only 40% of children were exposed frequently to physical and emotional abuse (**Hassan et al., 1999),** it was a household survey that involved a larger number of children than the recent study. While (**Cengel-Kültür et al., 2007**) stated that sexual abuse was more frequent than the other types of child abuse and represented 77.8% of children referred to **the** Child and Adolescent Psychiatric Department in the Faculty of Medicine, Hacettepe University, Turkey.

Regarding the age of abused children; the majority of physically and emotionally abused children were school-age (6 to 14 years old). These can be explained as young children are helpless, could be easily frightened**, and** can't, at all times, defend themselves (**Hassan et al., 1999).** This result was in accordance with two studies, one conducted in Bahrain (**Al-Mahroos and Al-Amer, 2012**) and the other in Saudi Arabia (**Ibrahim et al., 2008**), however, this issue was in contrast to two studies (**Derakhshanpour et al., 2017),** and (**Harsha et al., 2020),** who found that majority of abused children were less than 6 years.

Regarding the sex of children; this study revealed that male children were more abused than females. This result could be related to boys' hyperactivity which may predispose them to more physical punishment and Egyptian families tend to be more protective to girls than boys (**Share et al., 2013**). In addition, male children are usually more resistant and express more disobedient behaviors compared to female children, so more likely to be physically punished (**Harsha et al., 2020).** This sexual difference was approved by many studies (**Ahmed et al., 2015; Atiqul Haque et al., 2019; Derakhshanpour et al., 2017; Harsha et al., 2020; Kumar et al., 2017**)

In contrary, females were more abused than males in the study conducted by (**Al-Eissa et al., 2015**) in Saudi Arabia, while other studies reported no difference in gender distributions in physically and emotionally abused cases (**Cengel-Kültür et al., 2007; Hassan et al., 1999**)

Regarding the birth order of the child; the first child in the family was more abused in the ongoing study (42.2%) with high statistical significance. This could be due to the lack of parenting experience with the first child (**Yousefi et al., 2019**). This point was in agree with the studies of (**Derakhshanpour et al., 2017; Funmilola Bosede, 2011; Kimura and Yamazaki, 2016; Yousefi et al., 2019**)

As regards child psychiatric disease; ADHD was the commonest disorder among children (47.22%) followed by intellectual disability (ID) (33.06%). This may be due to the fact that ADHD children tend to have higher impulsive behaviors, hyperactivity, inattention, and restlessness, than other children, and also have low tolerance and are not able to follow the

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family rules or obey their parents' orders, all of these causes result in aggressive reactions and punishment by the parents (**Segal, 2001**). Also, the parents of ADHD children might be unaware of the effect of the disease on children (**Hadianfard, 2014**).

A study on Chinese children with ADHD demonstrated that physical abuse was associated with aggressive behaviors and impulsive behaviors, whereas emotional abuse was associated with social withdrawal and aggressive behavior (**Zou et al., 2019**). Also, the results of this study were agreed by many authors (**Arabghol et al., 2016; Cengel-Kültür et al., 2007; Derakhshanpour et al., 2017; Hadianfard, 2014; Sari Gokten et al., 2016**).

In the current study urban children are statistically more abused than rural children. This was in accordance with the Egyptian study in Suez Canal University hospital where 74.3% of families in their study came from urban regions. This could be explained by the hospital's location which was in an urban region and the majority of its patients living in urban areas (**Saad et al., 2016**). A study in Yemen was inconsistent with these results, they found that mothers from rural areas made much greater use of harsh corporal punishment than urban mothers (**Alyahri and Goodman, 2008**). Another Chinese study found that there was no relation between residence area and child physical abuse (**Wong et al., 2009**).

Regarding marital state; in the current study; married parents were more abusive than separated parents, this may be due to the small number of divorced families included in the study.

On the other hand, the study of (**Afifi et al., 2009**) in Canada, reported that the risk of all types of child abuse is affected and increased by parental divorce.

Regarding the income level of the family; the current study showed that having a low-income level (between 1200-3000 LE) is considered a significant risk factor for child maltreatment. Decreased family income affects their ability to meet nutritional requirements and basic health needs, also to provide a safe environment, and meet school costs so which can

lead to some negative influences, particularly harsh, inconsistent parenting (**Evans, 2004**).

A meta-analysis of child maltreatment risk factors (**Stith et al., 2009**), came in accordance with the current study and clarified that low socioeconomic level is an established child abuse risk factor. In addition, this point was also approved in many studies (**Al-Zboon et al., 2016; Alyahri and Goodman, 2008; Kumar et al., 2017**)

Regarding paternal occupation; it was another variable shown to be significantly related to physical and emotional types of abuse as working fathers were more abusers while abusing mothers were housewives. This point was accepted by two previous studies (**Al-Zboon et al., 2016; Yousefi et al., 2019**). In contrast, Derakhshanpour et al showed that employed mothers were more abusers due to the fact that they have two responsibilities (housewife inside and working outside) which put them under too much stress (**Derakhshanpour et al., 2017**).

Regarding paternal education; in the current study; low level of education was highly statistically significant with physical and emotional abuse, most abusing parents had a basic level of education and the percentage in fathers was 71.7% while in mothers it was 76.7%. This result is best explained by the fact that parents with low educational levels are unaware about the proper raising of their children and so tend to punish them physically and emotionally (**Share et al., 2013**). Furthermore, the relationship between a person's quality of life and educational level can an explanation (**Al-Zboon et al., 2016**). This was agreed by two previous studies (**Atiqul Haque et al., 2019; Share et al., 2013**).

Regarding substance abuse and Smoking; in the present study paternal smoking and substance abuse were other variables shown to be significantly related to both physical and emotional abuse, and were recognized risk factors of abuse. These results are best explained by that substance abuse increase intra-family stress and make parents less emotionally involved with their children and decreases parenting skills (**Walsh et al., 2002**) . This came in accordance with the results of many authors

(Derakhshanpour et al., 2017; Ibrahim et al., 2008; Stith et al., 2009).

Regarding the parental history of childhood abuse; it was noticed that parents included in this study, significantly experienced previous childhood physical and emotional abuse. This result was approved by other authors (**Kim, 2009; Pears and Capaldi, 2001**).

CONCLUSION AND RECOMMENDATIONS

This study showed that physical and emotional abuse were common and significantly related to child psychiatric disease especially ADHD disease. Further studies on larger samples are needed. Also special attention regards child abuse must be provided by caregivers, medical personnel and psychiatric physicians towards children with psychiatric diseases.

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الملخص العربي

تقييم حالات اساءة معاملة الاطفال المشتبه فيها في العيادة الخارجية للأمراض النفسية في مركز الطب الاجتماعي والوقائي_جامعة القاهرة.دراسة طبية شرعية

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إن إساءة معاملة الأطفال وإهمالهم وسوء معاملة الأطفال وايذاء الأطفال هي مفردات متشابهة تستخدم للتعبير عن مشكلة صحية كبيرة تواجه الأطفال والأسر. ومازالت هذه المشكلة (إساءة معاملة الأطفال) مشكلة صحية كبيرة خصوصا في الدول النامية. والهدف من هذه الدراسة هو تقييم حالات الإساءة للأطفال في عيادات الأمراض النفسية من حيث نوع الإساءة وشكلها وعلاقتها بالمرض النفسي للطفل.

إن البحث الحالي عبارة عن دراسة إحصائية استباقية واسترجاعية أُجريت على حالات إساءة معاملة الأطفال المشتبه فيها في العيادات الخارجية للأمراض النفسية، حيث تضمن جزءَ الدراسة الاسترجاعية الفترة من يوليو ٢٠١٨ إلى يونيو ٢٠١٩ ،وتضمن جزء الدراسة المستقبلية الفترة من يوليو إلى ديسمبرَ ٢٠١٩ . وأوضحت الدراسة أن كل الأطفال المشتركين في الدراسة ثبت تعرضهم للإيذاء النفسي والبدني وحوالي عشرة حالات فقط (2.7 %) تعرض للعنف الجنسي. وأثبتت الدراسة أن غالب الأطفال كانوا ذكورا في مراحل الدراسة المدرسية. وأثبتت أيضـا أن الطفل الأول في الأسـرة أكثر تأثرا وكانت هناك علاقة قوية حسب الدلالة الإحصائية بين التعرض للعنف والحالة الصحية النفسية للأطفال، حيث ان الأطفال الذين يعانون من اضطراب فرط الحركة ونقص الانتباه كانوا يمثلون حوالي 47 بالمائة من الأطفال الذين تعرضوا للإساءة. وبخصوص الآباء المسيئين لأطفالهم كانوا في الغالب غير متعلمين وفي مستوي معيشة منخفض وبعضهم مدخنون أو مدمنون للمخدرات وأغلبهم تعرضوا للعنف في طفولتهم. الخلاصة: أظهرت هذه الدراسة أن الإساءة الجسدية والعاطفية كانت شائعة وترتبط بشكل كبير بأمراض الأطفال النفسية.