

MATERNAL AND CHILD CYCLE OF ABUSE: A SURVEY STUDY IN EGYPT

Mai Mohamed Mahrous^{1*}, Heba Abdullah Mostafa Eid¹, Wessam Gamal Abousenna², Mohammed Mostafa Abdel Razik³, Marwa Issak Mohamed¹

¹Department of Forensic Medicine and Clinical Toxicology, Faculty of Medicine, Cairo University, Kasr Alainy Street, 11562, Cairo, Egypt.

²Department of Orthopedic Surgery, Faculty of Medicine, Cairo University, Kasr Alainy Street, 11562, Cairo, Egypt.

³Department of Public Health and Community Medicine, Faculty of Medicine, Cairo University, Kasr Alainy Street, 11562, Cairo, Egypt.

***Corresponding author: Mai Mohamed Mahrous**

Lecturer of Forensic Medicine and Clinical Toxicology, Faculty of Medicine, Cairo University, Kasr Alainy Street, 11562, Cairo, Egypt.

Email: mai_mahrous2@kasralainy.edu.eg

Mobile number: +2001003569976

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ABSTRACT

Background: Domestic violence is a global problem, mostly affecting women and children. Domestic violence can be physical, emotional, or sexual. In families where mothers are exposed to domestic violence, there is a higher incidence of children being exposed to violence. Certain patterns of skeletal injuries are frequently observed in cases of abuse and domestic violence. Knowing these patterns can raise suspicion in the emergency department to cases of child abuse. **Aim of the study:** The present study aimed to identify the demographic determinants and the risk factors related to maternal and child domestic violence, as well as to determine the exposure to violence relationship between the mother and the child. **Subjects and Methods:** An online survey was performed on 181 participants from mothers via an online Google form that was distributed across the most widely used social media platforms. The survey's link was shared along with a statement explaining its purpose. **Results:** There was a highly statistically significant relationship between the mother's and the child's exposure to violence (P value = 0.000). Females between 31 and 40 years old were the most affected by domestic violence. Children at younger ages were the most vulnerable to physical abuse, and the father was the most common offender.

Keywords: Maternal, Child, Violence, Cycle of abuse.

INTRODUCTION

Globally, domestic violence against females is a serious public health concern. Violence may be physical, sexual, or emotional. Female violence is still an underdiagnosed issue, even though the Egyptian Central Agency for Public Mobilization and Statistics (CAPMAS) reports that 31% of married and unmarried Egyptian women aged between 15 and 49 years have experienced one or more forms of violence (CAPMAS, 2021).

In families where there is intimate partner violence (IPV), children are subjected to emotional trauma due to their exposure to violence. Studies involving families emphasize the father's act of violence against the mother and child (Chiesa et al., 2018).

Children are frequently physically harmed or threatened as a means of controlling and punishing victims of domestic abuse. Other times, children sustain unintentional injuries when violent acts take place in front of them.

Attacks on children can occasionally occur during abuse episodes that were initially solely directed at the mother. Domestic violence is not a one-time incident; rather, it is a pattern of behavior. It is common for violence to worsen and occur more frequently over time, increasing the risk that children will experience abuse (LeBlanc, 2017).

Additionally, the data demonstrate that adults who were exposed to domestic abuse in their childhood had a higher likelihood of being abused by a partner as adults (34% compared with 11% who did not witness domestic abuse) (Nation et al., 2023).

Skeletal fractures are diagnosed in about one-third of children who have been examined for physical abuse. The fractures are often occult, and they occur in infants and toddlers who are unable to provide a causal explanation. To prevent further fatal injuries, all medical personnel who treat children should be able to recognize the warning signs of abuse-related fractures and, if needed, child protection investigations should be initiated (Kemp et al., 2008).

Similarly, when a victim of female violence has acute injuries, the emergency department (ED) is often the first place of care. Understanding IPV-specific injury patterns may enable emergency physicians and subsequent follow-up care providers to identify IPV cases and provide timely resources to victims, thereby preventing further abuse cycles, potentially fatal injuries, and homicides (Khurana et al., 2022).

This study therefore sought to identify the demographic determinants and the risk factors related to maternal and child domestic violence, as well as to determine the exposure to violence relationship between the mother and the child.

SUBJECTS AND METHODS

Data collection and population of the study:

An online Google form that was disseminated across the most widely used social media platforms was used to conduct the research. The survey's link was shared with a statement outlining its purpose and encouraging participants to participate. Before completing the

questionnaire, all participants were asked to click the "next" button to indicate that they had read and agreed to the informed consent statement. A self-administered Arabic-language e-form questionnaire was created to collect data, and then the items were translated into English. The raw data were collected from December 1, 2023, to January 31, 2024. The questionnaire was intended only for mothers, as stated in its introduction, and it was completed by 181 participants.

Ethical considerations:

The ethical committee of the Orthopedic Surgery Department and the Research Ethics Committee (REC) of Kasr Alainy, Faculty of Medicine, Cairo University, approved the study with a waiver of consent, Code (N-325-2023). Data were collected anonymously to maintain confidentiality.

Sample size:

Based on the Egyptian CAPMAS report for 2021, 31% of Egyptian women who are currently married or were previously married and are between the ages of 15 and 49 reported experiencing physical, emotional, or sexual abuse by their partners. So, the minimum sample size required for obtaining this expected rate at a confidence level of 95% and a precision of 10% is 82 subjects, and considering a 20% no response rate, the number will be increased to 99 subjects (CAPMAS, 2021).

Statistical analysis:

The Statistical Package for the Social Sciences (SPSS) version 25 was used for coding and entering data (IBM SPSS Statistics for Windows, Version 25.0. Armonk, NY: IBM Corp.). Data were presented as frequencies and percentages for all qualitative variables. Chi-square test was performed to compare categorical data (Chan, 2003). Statistical significance was defined as a probability value (P value) less than 0.05.

RESULTS

Table 1 shows the sociodemographics of the participating mothers, where the majority of them were married (87.8%) and most of them were ≤ 35 years old (30.9%). On the other hand, most of the husbands were older than 45 years

(33.7%). The majority of the women were living in urban areas (98.3%). Most of the participating women and their husbands were highly educated

(98.3% & 99.4% respectively). The number of children in the family was 1-2 in 61.9% and more than 2 in 38.1%.

Table 1: Sociodemographic characteristics of the participating mothers

	Count (%) (n=181)
Mother's age	
≤ 35	56 (30.9)
36-40	51 (28.2)
41-45	38 (21)
> 45	36 (19.9)
Mother's education	
High education (university)	178 (98.3)
Basic education (primary/preparatory/secondary)	3 (1.7)
Uneducated	0 (0)
Husband's (children's father) age	
≤ 35	34 (18.8)
36-40	42 (23.2)
41-45	44 (24.3)
> 45	61 (33.7)
Husband's (children's father) education	
High education (university)	180 (99.4)
Basic education (primary/preparatory/secondary)	1 (0.6)
Uneducated	0 (0)
Marital status	
Married	159 (87.8)
Not married (Divorced/Widow)	22 (12.2)
Residence	
Urban	178 (98.3)
Rural	3 (1.7)
Number of children in the family	
1-2	112 (61.9)
> 2	69 (38.1)

Table 2 shows that 35.9% of the participating women experienced violence. Ages between 31 and 40 years were the most vulnerable to abuse among the participating women (49.2%), and only 12.3% were < 20 years old. Physical violence was the most common type of violence, representing 49.2%, followed by emotional violence (47.7%). All women received violence from family members, and the husband was the most common offender

representing 84.6%. The majority of the abused women did not notify the relevant authorities about the violent incident (95.4%).

Regarding the physically abused women, 6 cases (18.75%) experienced fractures, and half of these fractures were located in the upper limb. All of the abused women received the appropriate treatment, and permanent disability was reported in one case.

Table 2: Exposure of the participating mothers to violence

	Count (%) (n=181)
The question for the mother: “Have you been exposed to violence?”	
Yes	65 (35.9)
No	116 (64.1)
“If yes, what type of violence was it?” (n=65)	
Physical	32 (49.2)
Emotional	31 (47.7)
Sexual	2 (3.1)
Multiple	0 (0)
“The mother’s age at the time of the assault.” (n=65)	
< 20	8 (12.3)
20-30	20 (30.8)
31-40	32 (49.2)
> 40	5 (7.7)
“Have the relevant authorities been notified about the violent incident?” (n=65)	
Yes	3 (4.6)
No	62 (95.4)
“The violence was from:” (n=65)	
Family member	65 (100)
Outside family	0 (0)
Both	0 (0)
“Who was the family member?” (n=65)	
Husband (children’s father)	55 (84.6)
Father	4 (6.2)
Mother	3 (4.6)
Grandfather/grandmother	1 (1.5)
Brother/sister	0 (0)
Relatives	2 (3.1)
Other (specify)	0 (0)
“If the violence was physical and resulted in a fracture, what was the location of the fracture?” (n=6)	
Upper limb	3 (50)
Lower limb	2 (33.3)
Face	1 (16.7)
Other (specify)	0 (0)
“Was the fracture multiple?” (n=6)	
Yes	2 (33.3)
No	4 (66.7)
“Was the fracture accompanied by any other injuries?” (n=6)	
Yes	3 (50)
No	3 (50)
“Did you receive appropriate treatment?” (n=6)	
Yes	6 (100)
No	0 (0)
“What was the type of treatment/intervention?” (n=6)	
Surgical	3 (50)
Cast/splint	3 (50)
“Was the injury accompanied by a permanent disability?” (n=6)	
Yes	1 (16.7)
No	5 (83.3)

Table 3 shows that 24.3% of children of the participating women experienced violence. Half of the abused children were between 6 and 10 years old. Physical violence was the most common type of violence, representing 59.1%, followed by emotional violence (40.9%). Most of the abused children received violence from a

family member (84.1), and the father was the most common offender, representing 70.3%.

Regarding the physically abused children, only one case experienced a fracture in the face and received the appropriate treatment.

Table 3: Exposure of the children to violence

	Count (%) (n=181)
Questions regarding the child: “Have any of your children been exposed to domestic violence?”	
Yes	44 (24.3)
No	137 (75.7)
“If yes, what was the sex of the child being abused?” (n=44)	
Male	25 (56.8)
Female	19 (43.2)
“The child’s age at the time of the assault.” (n=44)	
1-5	12 (27.3)
6-10	22 (50)
11-15	8 (18.2)
> 15	2 (4.5)
“What type of violence was it?” (n=44)	
Physical	26 (59.1)
Emotional	18 (40.9)
Sexual	0 (0)
Multiple	0 (0)
“Have the relevant authorities been notified about the violent incident?” (n=44)	
Yes	0 (0)
No	44 (100)
“The violence was from:” (n=44)	
Family member	37 (84.1)
Outside family	7 (15.9)
Both	0 (0)
Who was the family member? (n=37)	
Mother	11 (29.7)
Father	26 (70.3)
Grandfather/grandmother	0 (0)
Brother/sister	0 (0)
Relatives	0 (0)
Other (specify)	0 (0)
“If the violence was physical and resulted in a fracture, what was the location of the fracture?” (n=1)	
Upper limb	0 (0)
Lower limb	0 (0)
Face	1 (100)
Other (specify)	0 (0)
“Was the fracture multiple?” (n=1)	
Yes	0 (0)
No	1 (100)
“Was the fracture accompanied by any other injuries?” (n=1)	
Yes	1 (100)
No	0 (0)
“Did the child receive appropriate treatment?” (n=1)	
Yes	1 (100)
No	0 (0)
“What was the type of treatment/intervention?” (n=1)	
Surgical	0 (0)
Cast/splint	1 (100)
“Was the injury accompanied by a permanent disability?” (n=1)	
Yes	0 (0)
No	1 (100)

Regarding women's exposure to violence, marital status showed a highly significant difference. Furthermore, there was a relationship between the mother's and the

child's exposure to violence, with a difference that was highly statistically significant (P value = 0.000), as shown in **Table 4**.

Table 4: Relations regarding the mother's violence

	Mother's violence		P value
	Yes	No	
Mother's age			
≤ 35	16 (24.6)	40 (34.5)	0.051
36-40	17 (26.2)	34 (29.3)	
41-45	12 (18.5)	26 (22.4)	
> 45	20 (30.8)	16 (13.8)	
Mother's education			
High education (university)	64 (98.5)	114 (98.3)	1.000
Basic education (primary/preparatory/secondary)	1 (1.5)	2 (1.7)	
Uneducated	0 (0)	0 (0)	
Husband's (children's father) age			
≤ 35	6 (9.2)	28 (24.1)	0.070
36-40	18 (27.7)	24 (20.7)	
41-45	15 (23.1)	29 (25)	
> 45	26 (40)	35 (30.2)	
Husband's (children's father) education			
High education (university)	65 (100)	115 (99.1)	1.000
Basic education (primary/preparatory/secondary)	0 (0)	1 (0.9)	
Uneducated	0 (0)	0 (0)	
Marital status			
Married	48 (73.8)	111 (95.7)	0.000*
Not married (Divorced/Widow)	17 (26.2)	5 (4.3)	
Residence			
Urban	64 (98.5)	114 (98.3)	1.000
Rural	1 (1.5)	2 (1.7)	
Number of children in the family			
1-2	36 (55.4)	76 (65.5)	0.178
> 2	29 (44.6)	40 (34.5)	
Child's violence			
Yes	32 (49.2)	12 (10.3)	0.000*
No	33 (50.8)	104 (89.7)	

*P value < 0.001 is statistically highly significant.

Regarding the factors affecting the child's exposure to violence, it was found that the mother's age and education, the father's age and education, residence, as well as the number

of children in the family had no significant difference on the mother's and child's violence, as shown in **Table 5**.

Table 5: Relations regarding the child's violence

	Child's violence		P value
	Yes	No	
Mother's age			
≤ 35	8 (18.2)	48 (35)	0.100
36-40	12 (27.3)	39 (28.5)	
41-45	11 (25)	27 (19.7)	
> 45	13 (29.5)	23 (16.8)	
Mother's education			
High education (university)	43 (97.7)	135 (98.5)	0.569
Basic education (primary/preparatory/secondary)	1 (2.3)	2 (1.5)	
Uneducated	0 (0)	0 (0)	
Husband's (children's father) age			
≤ 35	5 (11.4)	29 (21.2)	0.227
36-40	9 (20.5)	33 (24.1)	
41-45	10 (22.7)	34 (24.8)	
> 45	20 (45.5)	41 (29.9)	
Husband's education			
High education (university)	44 (100)	136 (99.3)	1.000
Basic education (primary/preparatory/secondary)	0 (0)	1 (0.7)	
Uneducated	0 (0)	0 (0)	
Marital status			
Married	37 (84.1)	122 (89.1)	0.428
Not married (Divorced/Widow)	7 (15.9)	15 (10.9)	
Residence			
Urban	43 (97.7)	135 (98.5)	0.569
Rural	1 (2.3)	2 (1.5)	
Number of children in the family			
1-2	23 (52.3)	89 (65)	0.132
> 2	21 (47.7)	48 (35)	

DISCUSSION

Women and children have rights just like any other human being; they have the right to live, the right not to be subjected to torture or inhumane or degrading treatment or punishment, the right to liberty and personal security, the right to equal protection under the law, the right to equality in the family, the right to the highest

standard attainable of physical and mental health, and the right to justice. Violence violates the rights and fundamental freedoms of women and children in society (OHCHR, 2014).

The results of our survey showed that 35.9% of the participating women experienced violence, and marital status showed a highly significant difference. This means that most of the violence occurred within the bond of

marriage, where the husband was the most common offender, representing 84.6% of our results. This was consistent with **Rohym et al. (2022)** study conducted on domestic abuse from 2015 to 2020, which revealed that husbands were the most frequent offenders. Furthermore, the Egyptian CAPMAS declared that 31% of Egyptian women between the ages of 15 and 49 reported experiencing physical, emotional, or sexual abuse by their partners (**CAPMAS, 2021**).

According to our study, 49.2% of the participating women were between the ages of 31 and 40 when they were abused. The study done by **Rohym et al. (2022)** found that domestic violence cases were more common between the ages of 20 and 40. According to demographic health surveys, there was a higher likelihood of domestic violence among women between the ages of 15 and 49 (**Lamoglia and Minayo, 2009**).

Furthermore, **EL-Gendy et al. (2016)** found that most victims were between the ages of 18 and 29.

Generally, young age appears to be associated with a higher likelihood of both IPV perpetration and victimization (**Miller and McCaw, 2019**). This is explained by the possibility that early-married couples may experience relationship stressors like unstable employment, financial hardships, and early pregnancies (**Stöckl et al., 2014**). Also, domestic violence prevalence among older women is usually underreported due to various factors, including age-related shame in reporting the abuse, seeking help, and fear of abandonment (**Qu et al., 2021**).

Our survey revealed that most of the participating women and their husbands were highly educated and lived in urban areas. This was in line with **Abu-Elenin et al. (2022)**, who conducted a cross-sectional study on domestic violence against married women throughout Egypt during the COVID-19 pandemic, where most of the women were of urban residence (69.7%), and more than half of them and their spouses attained a higher educational level.

On the contrary, **Rohym et al. (2022)** found that the frequency of domestic violence cases was highest among individuals with only primary school education, then among illiterate people and those with secondary school education, and lowest among highly educated people.

People with lower levels of education may turn to violence because they can't express their anger or frustration in appropriate ways (**Miller and McCaw, 2019**). However, highly educated women may be more vulnerable to IPV in some male-dominant societies. This observation has been connected to highly educated women's propensity to challenge their partners' autonomy (**Barnawi, 2017**).

Furthermore, **EL-Gendy et al. (2016) & Rohym et al. (2022)** reported that domestic violence was most prevalent in rural areas. This can be explained by the power imbalances in rural communities, in which women's inequality and gender discrimination are amplified. Furthermore, there may be a lack of resources and public awareness (**El-Farouny and Habib, 2019**). On the other hand, living in urban areas is associated with a stressful social environment, which affects mental health and leads to increased levels of violence (**Srivastava, 2009; Hernandez et al., 2020**).

Our results showed that physical violence was the most common type of violence, followed by emotional violence. This was in agreement with **ABS (2013) & Rohym et al. (2022)**. Physical violence may cause more severe harm, both physically and mentally, and can even be fatal. Injuries sustained from physical violence are usually manifested and reported as a result of seeking medical care (**Oğuztüzün et al., 2023**).

On the other hand, it was found that the majority of Egyptian women experienced emotional abuse, followed by physical abuse, and that the least number of women experienced sexual abuse (**El-Zanaty and Way, 2006**). Psychological abuse is one of the most pervasive types of abuse among all ethnic groups and cultures (**Zaghloul et al., 2020**). The stigmatization and shame associated with sexual

abuse in some cultures may be the reason for the decline in reports of such incidents (**Fahmy and Abd El-Rahman, 2008**).

According to a study done by **Zaghloul et al. (2020)** on child abuse, 54% of children were emotionally abused, 24% were physically abused, 15% were neglected, and 7% were sexually abused. Compared to physical abuse, emotional abuse is more harmful to children because it happens more frequently (**Moran et al., 2002**).

Our survey showed that the majority of the abused children were males, aged 10 years or younger. This coincided with a previous study that showed that young age was associated with physical punishment (**Antai et al., 2016**).

We realized from our survey that there was a highly statistically significant difference between the mother's and the child's exposure to violence. Similarly, a study applied on the Egyptian nationally representative data set from Egypt demographic and health survey (EDHS) showed that mothers' experience of domestic violence was associated with a higher likelihood of physical abuse of children (**Antai et al., 2016**). **Abdel-Fatah (2021)** also reported that mothers who had been victims of any form of domestic abuse were more prone to physically abuse their children. This can be attributed to increased maternal stress levels and anger expression, resulting in abusive behavior and inflicting violence against children (**Geprägs et al., 2023**). Children who witness parental domestic abuse are more likely to experience physical and mental health issues, and they also run a higher risk of becoming IPV victims or perpetrators themselves as adults (**Nation et al., 2023**).

Regarding the physically abused women in our results, 6 cases (18.75%) experienced fractures, and half of these fractures were located in the upper limb, followed by the lower limb, and the face. Physical abuse most often took the form of pushing, shoving, hitting, arm twisting, or pulling hair. Punching in the face with a fist, slapping, tugging, kicking, or beating are additional forms of domestic violence (**Kożybska, et al., 2022**).

According to **Loder and Momper (2020)** study, the face, fingers, and upper trunk accounted for the majority of IPV-related fractures, while the odds of a fracture in an IPV patient were highest when the injury involved the extremities. The risk of extremity fractures in IPV is higher compared to unintentional falls and strikes. Therefore, the possibility of IPV should be discussed between the radiologist and the physician in any woman presenting with a vague history of fracture (**Khurana et al., 2022**).

Our findings showed that the mother's age and education, the father's age and education, residence, as well as the number of children in the family, had no significant difference on the mother's and child's violence. This was in line with the study done by **Mamdouh et al. (2012)**, who concluded that the husband's age at marriage had no association with the risk of spousal violence.

On the other hand, **Abu-Elenin et al. (2022)** showed that women who had husbands in the 29-34 age range experienced violence at a higher rate than women in the younger age group. It is believed that men who are older and have been married for longer tend to commit more violent crimes. Furthermore, **Walz et al. (2024)** found that more children within the family and children with disabilities are more likely to experience physical, sexual, and emotional abuse.

Since IPV reporting is heavily reliant on the cultural acceptability of IPV, which varies by community and region, cultural and geographical differences between study samples could be one explanation for the contradictory findings (**Abu-Elenin et al., 2022**).

In a busy emergency room or radiology department, IPV-related injuries can easily be missed or misinterpreted because many of them may be difficult to distinguish from routine trauma. Consequently, a meticulous patient's history is essential to assess the possibility of IPV (**Matoori et al., 2021**).

CONCLUSION

- The most common offender in female violence was the husband.
- The age group of 31 to 40 years old was the most affected by domestic abuse among women.
- There was a significant relationship between the mother's and the child's exposure to violence.
- Children at younger ages were the most vulnerable to physical abuse.

RECOMMENDATIONS

- Improving and supporting marital counseling centers to educate spouses before marriage.
- Education of female victims about their legal rights in cases of spouse abuse.
- Foundation of female and family protection units in all governorates to facilitate medical examination, documentation, and writing medico-legal reports when needed.
- Continuing medical educational programs for physicians. Physicians in emergency departments should be aware of sites and types of fractures that are non-accidental and highly suggestive of abuse.
- Establishing police reporting units in healthcare facilities to report cases of suspected child and female abuse.

CONFLICT OF INTEREST

The authors declare that they have no competing interests.

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None

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الملخص العربي

دورة إساءة معاملة الأم والطفل: دراسة مسحية في مصر

مي محمد محروس¹، هبة عبد الله مصطفى عيد¹، وسام جمال أبو سنة²، محمد مصطفى عبد الرازق³، مروة اسحق محمد¹
¹قسم الطب الشرعي والسموم الإكلينيكية، كلية الطب، جامعة القاهرة، شارع القصر العيني، 11562، القاهرة، مصر.
²قسم جراحة العظام، كلية الطب، جامعة القاهرة، شارع القصر العيني، 11562، القاهرة، مصر.
³قسم الصحة العامة وطب المجتمع، كلية الطب، جامعة القاهرة، شارع القصر العيني، 11562، القاهرة، مصر.

الخلفية: العنف المنزلي مشكلة عالمية، تؤثر في الغالب على النساء والأطفال. يمكن أن يكون العنف المنزلي جسدياً أو عاطفياً أو جنسياً. وفي الأسر التي تتعرض فيها الأمهات للعنف المنزلي، ترتفع نسبة تعرض الأطفال للعنف. كثيراً ما يتم ملاحظة أنماط معينة من إصابات الهيكل العظمي في حالات سوء المعاملة والعنف المنزلي. إن معرفة هذه الأنماط يمكن أن يثير الشكوك في قسم الطوارئ بشأن حالات إساءة معاملة الأطفال. **هدف الدراسة:** هدفت هذه الدراسة إلى بيان المحددات الديموغرافية وعوامل الخطر المتعلقة بالعنف الأسري لدى الأم والطفل، وكذلك تحديد علاقة التعرض للعنف بين الأم والطفل. **طريقة الدراسة:** تم إجراء استطلاع عبر الإنترنت على 181 مشاركة من الأمهات، باستخدام نموذج Google عبر الإنترنت والذي تم توزيعه عبر منصات التواصل الاجتماعي الأكثر استخداماً. تمت مشاركة رابط الاستطلاع مع بيان يوضح الغرض منه. **النتائج:** توجد علاقة ذات دلالة إحصائية عالية بين تعرض الأم والطفل للعنف (P value = 0.000). وكانت الإناث اللاتي تتراوح أعمارهن بين 31 و40 سنة الأكثر تضرراً من العنف المنزلي. وكان الأطفال في الأعمار الأصغر هم الأكثر عرضة للإيذاء الجسدي، وكان الأب هو الجاني الأكثر شيوعاً.

الكلمات المفتاحية: الأم، الطفل، العنف، دورة سوء المعاملة.