
VIOLENCE AGAINST CHILDREN IN MENOUFIA UNIVERSITY HOSPITALS: PREVALENCE, RISK FACTORS, AND SOCIO-DEMOGRAPHIC CORRELATES

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ABSTRACT

Objectives: This work aimed to search for different patterns of violence against children presenting to Menoufia University hospital as regards socio-demographic data, type of violence and possible risk factors. **Background:** In every country, girls and boys suffer every day, and witness violence. Violence against children cuts across boundaries of culture, class, education, income, and ethnic origin, and occurs in many alternative settings. Violence against children includes physical, sexual, and psychological violence. **Methodology:** All cases of children exposed to different patterns of violence presenting to Menoufia University hospital asking for medico-legal report for two years (from 1st of December 2016 to 31st of November 2018) were included in the study. The study was conducted after approval from the ethical committee of the faculty of Medicine, Menoufia University. **Results:** The study concluded that the most reported type of child violence is physical type, indoor, repeated, with rates being higher for females than for males. The prevalence was higher in rural than urban residency. Most of the perpetrators were male, (father inside the family and friends from outside the family), manual workers, with below secondary education, heavy smoking. Divorced parents with large families. The driving forces of violence against children are family troubles, financial and immoral causes.

Keywords: Violence-children-abuse-maltreatment–sexual-physical

INTRODUCTION

In every country, girls, and boys suffer daily and witness violence. Violence against children cuts across boundaries of education, culture, ethnic origin, class, and income (United Nations Secretary-General, 2005).

The African Child Policy Forum defines a child as: “every person below the age of 18 years” (African Child Policy Forum (ACPF), 2010).

Violence against children includes physical, sexual, and psychological violence (Ch, androstane, et al., 2018).

Children experience violence in five different places: home, school, and institutions like orphanages, children’s homes; prisons or other detention centers,

and in place of labor (Chandraratne et al., 2018).

Most acts of violence against children are carried out by persons they know will be able to trust parents, schoolmates, teachers, boyfriends or girlfriends, partners, and employers (Hillis et al., 2016).

Physical violence of a child is defined as those acts of commission by a caregiver that cause actual physical harm or has the potential for harm (Council of Europe, 2006).

This act involves punching, hitting, kicking, biting, and choking, shaking, scalding, burning, poisoning, and mute breath (Leventhal, and Asnes, 2011).

The definition of sexual abuse as those acts where a caregiver uses a toddler for

sexual gratification (Save the Children Alliance, 2003).

Psychological violence like an insult, name-calling, isolation, rejection, threats is all varieties of violence that may harm the well-being of the child (**Child abuse, and neglect fatalities (2017)**).

In recent years some serious kinds of violence against children appear involving female genital mutilation (FGM), child labor, sexual exploitation, and trafficking, and impacts of armed conflict, have led to international provocation (**Zaghloul et al., 2020**).

Much of this violence is concealed behind closed doors because of shame or fear. There are many reasons why violence is still hidden. For example, fear because it is committed by someone powerful, like a parent, a police officer who may harm them again or stigma – children also may be afraid that if others informed about the violence, they are going to be blamed or isolated (**WHO, 2006**).

The World Health Organization (WHO) reported that a survey from a wide range of countries found that One billion children – more than half of all children aged 2 to 17 – are estimated to have been exposed to emotional, physical, and/or sexual violence (**WHO, 2016**).

Every five minutes a child dies from violence. (**The Global Partnership to End Violence against Children, 2016**).

AIM OF THE STUDY

This study aimed to search for different patterns of violence against children presenting to Menoufia University hospitals as regards socio-demographic data, and possible risk factors.

MATERIAL & METHODS

A: Patients: All cases of children exposed to different patterns of violence presenting to Menoufia University hospital requesting medico-legal report for two years (from 1st of December 2016 to 31st of November 2018) were included in the study after taking their valid written

consents for examination, and photographing as regards:

- Socio-demographic data of victims, and assailant
- Type of violence.
- Possible risk factors.

The study was conducted after agreement from the ethical committee of the Faculty of Medicine, Menoufia University.

Inclusion criteria:

- 1- All children aged below 18 years presenting to Menoufia University hospital with alleged violence.
- 2- Patients who give signed written informed consent from their guardian after explaining to them the aim of the study.

Exclusion criteria:

- 1- All children presenting with non-violent injuries i.e. unintentional (road traffic accidents, sports injuries, animal bites).
- 2- A patient whose guardian refuses to sign the consent.

B:Material:

- 1- A valid informed written consent was taken from each guardian before the study.
- 2- Medicolegal reports (primary, follow up, and final medico-legal reports).
- 3- A clinical sheet is going to be designed for all patients including personal history taking socio-demographic data of victims, and assailants, prevalence, and risk factors.

C: Methods: After excluding exclusion criteria, and achieving inclusion one

1. A clinical sheet was fulfilled for every case that arrived at Menoufia University Hospital throughout the study including epidemiological analysis of socio-demographic data, prevalence, risk factors of victims, and assailants.
2. Medico-legal reports were written for all cases.

Statistical analysis of data:

All data were sent for statistical analysis as follows: Data were collected, arranged then tabulated then statistically analyzed using an IBM personal computer

with Statistical Package of Social Science (SPSS) version 23 (SPSS, Inc., Chicago, Illinois, USA).

RESULTS

The current study was a prospective cross-sectional study carried out on 75 children presenting to Menoufia University Hospital for two years (from 1st of December 2016 to 31st of November 2018) to study different patterns of violence against children. The results were analyzed as follows:

Table (1): Characters of violence against children.

Characteristics of the violence (N=75)		N	%
Type	Physical	57	76%
	Sexual	18	24%
Place	Indoor	45	60%
	Outdoor	30	40%
Frequency	Once	37	49.3%
	Repeated	38	50.7%

The majority of cases were of physical type 76% while the sexual type represented only 24%. Most violence occurred indoors (60%) whereas the minority occurred outdoors (40%). As regards the frequency of violence it was concluded that 50.7% occurred in a repeated manner while 49.3% occurred once.

Table (2): Characters of victims of the studied cases.

Characteristics of victims of the studied cases		N	%
Gender:	Male	16	21.3%
	Female	59	78.7%
Residence:	Urban	32	42.7%
	Rural	43	57.3%
Age groups	<2	5	6.7%
	2-<5	12	16%
	5-<10	22	29.3%
	10-18	36	48%
Marital status:	Single	67	89.3%
	Married	8	10.7%

Parenteral status	Currently	20	26.7%
	Married	31	41.3%
	Divorced	16	21.3%
	Death of father	4	5.3%
	Death of mother	4	5.3%
	Death of both father, and mother	0	0.0%
Education:	Preschool	17	22.7%
	Illiterate	17	22.7%
	Below secondary	16	21.3%
	Secondary	15	20%
	High	10	13.3%
Occupation:	Preschool	17	22.7%
	Student	44	58.6%
	No occupation	8	10.7%
	Worker	6	8%
Socio-Economic Standard:	High	18	24%
	Middle	28	37.3%
	Low	29	38.7%
Family size	4 members	25	33.3%
	More than 4 members	50	66.7%

As regards gender, females represented 78.7% of the cases while males represented 21.3%. Considering residence, cases from rural areas constituted 57.3% whereas those from urban areas were 42.7%.

Regarding age groups, the most represented age group was 10-18 years (48%) followed by age groups 5-<10 years, 2-<5 years, represented by 29.3%, and 16% respectively. The lowest percentage was in the age groups <2 years and represented by 6.7%.

Regarding the marital status of the victims, they were single constituted 89.3% of the victims then married represented 10.7%.

As regards parental status: currently divorced partners was the highest value represented 41.3% followed by married parents represented 26.7% followed by the death of father 21.3% then the death of mother & death of both father, and mother for each represented 5.3%.

Considering educational level Preschool, and illiterate represent the highest group for each 22.7% followed by

below secondary education represent 21.3% followed by Secondary education represented 20%, and the least was high school represented 13.3% of the cases.

As regards, occupation Students constituted 58.6% of the cases, followed by preschool represented 22.7% followed by no occupation represent 10.7%, and The least were workers represented 8%. As regards socio-economic standard it was noticed that 38.7% of the cases were of the low standard followed by middle standard 37.3%, and the lowest were of high standard 24%.

Regarding family size, the families of more than 4 members represented 66.7% while family size less than 4 members represented 33.3% of the cases.

Table (3):Common risk factors of violence against children.

		No.	%
Family troubles	Yes	30	40%
	No	45	60%
Financial troubles	Yes	22	29.3%
	No	53	70.7%
Immoral causes	Yes	20	26.7%
	No	55	73.3%
Psychological disturbances of the assailants	Yes	3	4%
	No	72	96%

The table shows that considering family troubles represented 60% while no family troubles represented 40%. There was no history of financial troubles in most cases 70.7% while positive history was found in 29.3% of the cases. Immoral causes represented 26.7% while psychological disturbances of the assailant represented 4% of all cases.

Table (4): Characters of the assailants of the children violence in the study.

Characteristics of assailants		N	%
Gender:	Male	57	76%
	Female	18	24%
Residence:	Urban	37	49.3%
	Rural	38	50.7%

Social relation:	Inside family		
	Father	9	12%
	Mother	2	2.7%
	Stepfather	3	4%
	Stepmother	7	9.3%
	Uncle	1	1.3%
	Uncle wife	4	5.3%
	Cosine	5	6.7%
	Brother	3	4%
	Husband	6	8%
	Fiancé	2	2.7%
	Uncle son	1	1.3%
	Mother in law	3	4%
	Outside family		
	Teacher	4	5.3%
	Work owner	6	8%
Neighbor	7	9.3%	
Friend	12	16%	
Education:	Un educated	7	9.3%
	Below secondary	36	48%
	Secondary	20	26.7%
	High	12	16%
Occupation:	Student	19	25.3%
	Civil employ	15	20%
	Manual worker	20	26.7%
	Not worker	3	4%
	Retired	2	2.7%
	Housewife	16	21.3%
History of Smoking:	No	35	46.7%
	Yes	40	53.3%
History of other substance of abuse: cannabis, drug, and alcohol	No	27	36%
	Yes	48	64%

The table shows that most assailants were males (76%) while 24% were females. Considering residence, assailants from rural areas constituted 50.7% whereas those from urban areas were 49.3%. As regards social relations the friend from outside the family represented the highest percentage 16% followed by father presented by 12%, and neighbor, and stepmother represented 9.3% followed by husband, and work owner represents 8%

followed by cousin represent 6.3% followed by teacher & uncle wife represent 5.3% followed by stepfather, mother in law, and brother represented 4% then mother, and fiancé represents 2.7%. Uncle son represent the least one by the present of 1.3%. As regards occupation, manual workers constituted 26.7% of the assailants, followed by students, housewives, civil employers, and not workers (25.3%, 21.3%, 20%, and 4% respectively). The least were in retire represent 2.7%. Considering the educational level of the assailants the highest percentage was below secondary education (48%) followed by secondary educated (26.7%) then highly educated (16%), and uneducated represented (9.3%) respectively.

As regards the socio-economic standard of the assailant: it was noticed that the low standard represented 53.2% followed by the middle standard in 40%, and the lowest was high standard in 6.8% of the assailants. As regards the history of tobacco smoking, and other substances of abuse in 53.3%, and 64% respectively, while there was a negative history of tobacco smoking, and (cannabis, drug, and alcohol abuse) in 46.7%, and 36% of the assailants respectively.

Table (5): Distribution of Gender of the cases about the place of violence.

Gender of the cases	Place of violence		χ^2 test	P-value
	Indoor N=45 N (%)	Outdoor N= 30 N (%)		
Males	6(37.5%)	10(62.5%)	4.29	0.04*
Females	39(66.1%)	20(33.9%)		

*P value <0.05 = significant ** P value <0.001 = highly significant P value >0.05 = non significant

It shows that there was a statistically significant difference between gender of the cases about the place of violence. As males exposed to outdoor violence represented 62.5% while females exposed to indoor violence represent 66.1%.

Table (6): Distribution of frequency of violence about gender.

Gender of the cases	Frequency of violence		χ^2 test	P-value
	Once N=37 N (%)	Repeated N= 38 N (%)		
Males	4(25.0%)	12(75.0%)	4.8	0.02*
Females	33(55.9%)	26(44.1%)		

*P value <0.05 = significant ** P value <0.001 = highly significant P value >0.05 = non significant

This table shows that there was a highly significant difference case as regards the frequency of violence, and gender as violence was commonly in a repeated manner in male genders 75%, and for once in female gender 55.9%.

DISCUSSION

Violence against children occurs when an adult demonstrates power over a child by mistreating that child physically, emotionally, mentally, or, through neglect. By documenting the nature, and extend of the problem, this study is an important step forward to address the challenge of violence against children in Menoufia governorate as a sample for the Egyptian community.

The current study showed that most of the cases were victims of physical violence about the sexual type (76% versus 24%). Physical violence is widely regarded as a legitimate disciplinary method by parents, other family members, and teachers. Used primarily for children being disobedient, stubborn, rude, or irritable, staying out late, not doing well in school, smoking, and cursing (UNICEF, 2015).

Sexual violence continues to be undocumented and a secret subject this agrees with Mollamahmutoglu et al., 2014 who reported that sexual abuse within the family is taboo in Islamic societies, the diagnosis may take a long time.

Indoor Violence accounted for most of the cases (60%), which could be explained by the fact that the perpetrators and victims are family members who either live in the

same house or can have no difficulty to enter that location. Homes constitute a safe and secure environment in which to commit violence. These findings were in agreement with that of the study conducted by **Guimarães and Villela, 2011** who stated that the victim's home was the most common site of the violence.

The current study showed that the frequency of violence was mainly repeated. This means that the victims experienced recurrent violent attacks before they decided to notify the violence and informing the police. These results agreed with those of **Browne et al., 2002** who stated in a survey of households in Romania found that 4.6% of children reported suffering severe and frequent physical abuse. Almost half of the Romanian parents admitted to beating their children "regularly."

Concerning the gender of victims, the present study showed that female victims represented 78.7% of the cases while males represented 21.3%. This could be explained by the weak, and helpless nature of the females besides the view of the society of male superiority over females. These findings were like the study conducted by Abdel Salam 2005 who showed that female children victims constituted 56.1%, and male victims constituted 43.9%.

Considering residence, cases from rural areas constituted (57.3%) whereas those from urban areas were (42.7%). The higher rate of practicing violence in rural areas may be due to the rural characters of the Menoufia governorate, and low socioeconomic standards in correlation with low education rate and culture. This result agreed with **Sedlak et al., 2010** in their study that found that rural children had approximately twice the rate of overall "harm standard" and "endangerment standard" maltreatment than urban children. Differences in socioeconomic status and family size can contribute to these variations.

Regarding age groups: the age group with the most exposure was 10-18 years (48%). This could be explained by the fact that interpersonal violence is greater in early adulthood than younger people besides the heavy peer effect in this age which drags them down in the way of practicing violence. Guimarães and Villela, 2011 reported that rates of children with serious and moderate harm from maltreatment are generally increasing with rising age. Also, **EL-Gendy et al., 2016** reported that female who got married at the age of below 18 years 45% were victims of family violence

The lowest percentage was in the age groups <2 years and represented by 6.7%. This in agreement with **Sedlak et al., 2010** has stated that the 0- to 2-year-olds children had significantly lower maltreatment rates than older children and considered the lower rates at these younger ages reflect some under the coverage of this age group as before attaining school age, children are less observable to community professional.

Regarding marital status, married children represented %10.7%. The existence of child marriage is illegal in Egypt but continues to be used as a way to control girls and away to elevate the families from the economic burden of caring for their daughters (NCCM and UNICEF, 2015).

As regards parental status: currently divorced partners were the highest value represented 41.3% followed by married parents represented 26.7% followed by the death of the father represented by 21.3% then the death of mother& death of both father and mother for each represented by 5.3%. These results were almost in agreement with those of the study conducted by **Gad El-Hak et al., 2009** who found that marital status of parents of children subjected to domestic violence was as follows: separated couples (51.2%), still married couples (22.0%); fathers with multiple wives (26.8%).

Considering educational level Preschool and uneducated represent the highest group of children exposed to violence. This in agreement with **Dennis, 2011** who stated that preschool children are in the learning phase and may not respond as the caregiver expect making them more vulnerable to violence.

Regarding the occupation of victims, Students constituted 44% of cases. This could be explained by most children from the age of six being in compulsory education (**Kandeel et al., 2014**).

As regards socio-economic standard it was noted that (38.7%) of the cases were of low socioeconomic standard. Poorer classes are more likely to be perpetrators of domestic violence than wealthy ones, as perpetrators are economically dependent on their abusers in these classes. The current results, which coincided with a study from **Harrell et al., 2014**, reported that rates of violent victimization are correlated with levels of deprivation, and living in poor households more than double the rate of violent victimization in communities with high-income. The families that are more vulnerable to loss of food and shelter perform violence against children more frequently **Veenema et al., 2015**.

Regarding family size, the families contain more than 4 members represented 66.7%. The Global status report on violence prevention 2014 stated that families with >4 children are 3 times more likely to experience violence against children compared with families with fewer than 4 children. The increased risk of violence against children in larger families because of family discord and financial difficulties that increase with larger families.

Considering the common risk factors of violence against children family troubles represented 40%. Financial troubles were positive in 29.3% of the cases followed by immoral causes represented 26.7% while psychological disturbances of the assailant represented 4% of all cases. These results

were nearly in agreement with those of the study carried out by **Abdel Salam 2005** who showed that as regarding causes of violence, family arguments were the main cause represented by 49.7%, financial causes were the second cause (25.4%), followed by immoral causes (22.6%) and the least was psychological problems of the assailants (2.3%).

Regarding characteristics of the assailants in the study: As regards gender most of the assailants were males (76%). This could be explained by the fact that women being violent are a hard thing for many people to believe, it goes against the stereotype of the passive and helpless nature of the female (**Kandeel et al., 2014**). These results were nearly in agreement with those conducted by **Gad El-Hak et al., 2009** who revealed that the majority of assailants were males (75.62%) and they were their fathers in 60.98%, while female assailants represented 24.39%, and they were their mothers in 7.32%. In contrast, **Almuneef et al., 2016** found that Children were more likely to be maltreated by female perpetrators than by males. This finding is congruent with the fact that mothers (biological or other) appear to be the primary caretakers and are the primary persons held responsible for any mistakes or failings in caretaking.

Assailants were from a rural area in 50.7% of the results. The explanation may be different rules in rural areas about a man's right to exert control over his children and severe punishments against violent behavior (**Kandeel et al., 2014**).

As regards social relations the friend from outside the family represent the highest percentage (16%) followed by fathers presented by (12%), and neighbor, and stepmother represented (9.3%). These findings nearly of that stated by, **National Council for Childhood and Motherhood (NCCM) and UNICEF 2015** who found that the main perpetrators of Type 2 violence (being kicked or hit) were other children, including primary friends beside

some strangers and neighbors were reported as perpetrators in 29-47 % of cases while fathers accounted for 19-23 percent of children and mothers for 14-20 percent.

As regards occupation manual workers constituted 26.7% of the assailants, this could be clarified by the fact that the failure and frustrations of irregular employment have been linked to intimate partner and interpersonal violence. The current results agreed with **Ammar, 2006** in her study on domestic spousal violence in Egypt; she found an association between the occupational status of the husband and violence.

As regards the educational level of the assailants, the current study showed that they were below secondary education in 48% of the assailants. These findings were in agreement with **Guimarães and Villela, 2011** who demonstrated that the lower the educational level and lower the income status may be risk factors for the occurrence of family violence, as these characters usually determine personal attitude and behavior.

History of tobacco smoking (Cigarette and Goza smoking) were detected in 53.3% and other substances of abuse such as cannabis abuse, drug abuse such as (tramadol, apitryl) and alcohol abuse in 64% respectively. These findings were in agreement with the results of studies carried out by **Charles & Perreira 2007** who stated that the use of illegal drugs as, tobacco, cannabis, and alcohol consumption, in particular, may increase the risk of domestic violence. This is because of the negative effect of alcohol, and illicit drugs on people's perceptions, and judgments interacting with a complex set of social and psychological factors to result in violence in certain cases.

Regarding the distribution of types of violence about different age categories. It shows that there was a statistically significant difference between the type of violence and age groups of victims, as in age <2 years all of the cases exposed to

physical violence. As this age needs constant care and attention, they are small and short stature and cannot protect themselves. This age group is also at increased risk because they are unable to report their abuse. They often tend to scream that will not stop. Triggers of crying include feeding problems, toilet-training, irregular sleep patterns, temper tantrums, and medical problems such as chronic colic **Joyce and Hecker, 2019**.

While at age of 10-18 years represent the most age group exposed to sexual violence this in agreement with **Madu & Peltzer, 2000** who stated that Sexual abuse rate tends to increase after the onset of puberty, with the highest rates occurring during adolescence. These findings were against **Guimarães & Villela, 2011** who found that Sexual abuse was more common among younger children, while physical violence was more common against adolescents.

Regarding the distribution of gender of the cases about the place of violence. It shows that there was a statistically significant difference between gender of the cases about the place of violence. Males are exposed to outdoor violence while females are exposed to indoor violence. The study by **National Council for Childhood and Motherhood (NCCM) and UNICEF 2015** found that girls were more likely to get hit with a hard object at home, while boys were more likely to experience such violence at school. This could be explained by girls being more closely observed and are less outgoing compared with the nature of boys which prefer to be most of the time outdoors.

Distribution of frequency of violence to gender. There was a highly significant difference in cases as regards the frequency of violence and gender as violence was commonly in a repeated manner in male genders (75%). This could be explained by the presence of males outdoors in the workplace, in streets, over coffee, and in schools most of the time

facing more stressful conditions make them more vulnerable to be entangled in repeated violent acts.

CONCLUSIONS

The study concluded that the most reported type of child violence is the physical type, indoor, repeated, with rates being higher for females than for males. The prevalence was higher in rural than in urban communities. Most of the perpetrators were male, (father inside the family and friends from outside the family), manual workers, with below secondary education, heavy smoking. Divorced parents with large families. The driving forces of violence against children are family troubles, financial, and immoral causes.

RECOMMENDATIONS

Although this merely scratches the surface of a very complicated problem within this unique society, it will serve as a platform for building on future prevention by assessing victim's characters, caregiver's characters, socio-demographic factors, and risk factors.

Most Egyptians are interested in TV watching and keen on movies and drama. TV, radio, newspapers could preferably be used for raising awareness, and educational messages against children's violence. Information that might counteract the association between physical punishment and correcting behavior in children could have a very important effect and messages that promote violence-free norms, or shared beliefs about healthy sexual relationships.

Parental and caregiver support (for example, providing parent training to young, first-time parents) to foster stable and positive relationships.

Supporting care professionals so that they can keep children from harm and help those affected by violence overcome their trauma

Ensuring that children who are exposed to violence can access the emergency unit and receive good psychosocial support).

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المخلص العربي

العنف ضد الأطفال في مستشفيات جامعة المنوفية: معدل الانتشار وعوامل الخطر والعلاقات الاجتماعية الديموغرافية

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يُعرف العنف على أنه الاستخدام المتعمد للقوة أو العنف البدني سواء كان مجرد تهديد أو فعلي ويؤدي أو يحتمل أن يؤدي إلى الإصابة أو الوفاة أو الأذى النفسي أو سوء النمو أو الحرمان. ويشمل العنف ضد الأطفال جميع أشكال العنف ضد الأشخاص الذين هم دون الثامنة عشرة من العمر، من قبل الأيوين ومقدمي الرعاية والأشخاص الآخرين ذوي السلطة. أنواع العنف ضد الأطفال يشمل الإيذاء البدني و العنف الجنسي والعنف الوجداني واهمال الرضّع والأطفال .

الهدف من الدراسة: دراسة بعض الجوانب الطبية الشرعية الأنماط المختلفة للعنف ضد الأطفال الواردة لمستشفى جامعة المنوفية في الفترة من (من 1 ديسمبر 2016 إلى 31 نوفمبر 2018) فيما يتعلق بلفحص الطبي وتشمل البيانات الاجتماعية والعوامل الديموجرافية ونوع العنف. **طرق البحث:** الحالات موضع الدراسة: أجريت هذه الدراسة على الأطفال الذين تقل أعمارهم عن 18 عامًا والذين جاءو إلى مستشفى جامعة المنوفية لتوقيع الكشف الطبي عليهم في عامين (من 1 ديسمبر 2016 إلى 31 نوفمبر 2018). **النتائج** كانت أعداد حالات العنف الأطفال 75 حالة وقد كانت الغالبية العظمى من الحالات تعاني العنف الجسدي (76٪) وكانت الإناث تمثل (78.7٪) من الحالات و معظم الحالات من المناطق الريفية و كانت الفئة العمرية الأكثر تمثيلاً هي 10-18 سنة. وفيما يتعلق بالوضع الأبوي: كان الشركاء المطلوقن حالياً يمثلون أعلى قيمة (41.3%) وفيما يتعلق بالمعيار الاجتماعي والاقتصادي لوحظ أن (38.7٪) من الحالات كانت ذات مستوى منخفض وفيما يتعلق بحجم الأسرة ، تحتوي العائلات على أكثر من 4 أفراد يمثلون (66.7٪). خصائص المعتدين على الأطفال في الدراسة حيث كان معظم المعتدين من الذكور. من المناطق الريفية (50.7٪). وفيما يتعلق بالعلاقات الاجتماعية، يمثل الصديق من خارج الأسرة أعلى نسبة (16٪) وفيما يتعلق بالمهنة ، شكل العاملون اليدويون (26.7٪) من المعتدين . وبالنظر إلى المستوى التعليمي للمعتدين كانت أعلى نسبة أقل من التعليم الثانوي (48٪). وفيما يتعلق بالمعيار الاجتماعي والاقتصادي لوحظ أن المستوى المنخفض يمثل (53.2٪) يليه المستوى المتوسط في (40٪). فيما يتعلق بتاريخ تدخين التبغ والمواد الأخرى من تعاطيه في (53.3٪) و (64٪) على التوالي. **الاستنتاج:** أكثر أنواع عنف الأطفال المبلغ عنها هي النوع الجسدي ، داخل المنزل ، متكرر ، مع معدلات أعلى للإناث منها للذكور. كان لدى الأطفال والدين مطلوقين ولديهم أسر كبيرة. غالبية الجناة من الذكور (الأب من داخل الأسرة والأصدقاء من خارج الأسرة) ومن المناطق الريفية ، والعمال اليدويين ، وتعليمهم دون الثانوي والمدخنين بشراهة. القوى الدافعة للعنف ضد الأطفال هي المشاكل الأسرية والأسباب المالية وغير الأخلاقية.

الكلمات الرئيسية: العنف ضد الأطفال - الإساءة - سوء المعاملة - الاعتداءات الجنسية - الإيذاء

الجسدي