

Physical Abuse among Primary School Children

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Abstract

Background: Physical abuse among primary school children has been recognized as a major health problem all over the world, it results in actual or potential harm to the child's health, survival, development or dignity in the context of a relationship of responsibility, trust or power. **Aim:** to assess child physical abuse among primary school children. **Design:** Descriptive study was conducted for the study. **Subjects:** children age from 10 to 12 years old from both genders, so 297 child representing 16% of all children enrolled in the 4th, 5th, and 6th educational grade. **Setting:** multistage random sample was chosen from three primary schools from Balteem city at Kafer El-Sheikh governorate. **Tools:** two tools were used for data collection. First tool: part (1): child socio-demographic data, child's family socio-demographic and socioeconomic data, medical history of the child. Part (2): primary school children knowledge about physical abuse. Part (3): The predisposing risk factors leading to physical abuse among primary school children. Part (4): Primary school children behaviors related to physical abuse. Part (5): Assessment of primary school children according to their exposure to physical abuse. Part (6): Health consequences of physical abuse among primary school children. Second tool: Observational checklist for primary school children. **Results:** Majority of the child were exposed to physical abuse. Fractures, & loss of appetite/anorexia and stretching in the face were presenting physical consequences among the PSC. Psychological consequences included continuous anxiety, tension, vandalism and bed wetting. Child physical abuse was negatively correlated with mothers, fathers' education and sufficient family income/monthly need, positive physical health consequences and positive scholar achievement. Except illiterate and negative physical health consequences and scholar achievement which were positively correlated with physical abuse. **Recommendations:** Further research studies should be undertaken to investigate the physical abuse confounding factors among school students to tailor and implement adequate preventive programs.

Keywords: Physical Abuse, Physical Health Consequences, Primary School Children.

Introduction

Many children in Egypt are being subjected to abuse at the hands of those who are supposed to protect and nurture them, according to a detailed study carried out in 2013 by Center for Development Studies for the National Council of Childhood and Motherhood and UNICEF. What's more, this abuse some of it extreme is too often condoned and normalized by the adult perpetrators and even by the children

themselves (UNICEF, 2015). UNICEF's global statistical analysis has revealed staggering results, on average, every year, about 6 from 10 children worldwide (almost 1 billion) between the ages of 6 and 14 are subjected to physical punishment by their caregivers. In addition, 3 among 20 adults believe that physical punishment is an acceptable form of discipline, a figure in line with the results of this study in selected governorates in Egypt. (UNICEF, 2014).

Physical abuse among children is the intentional use of physical force against a child that results in, or has the potential to result in, physical harm to that child's survival, development or dignity. Corporal punishment is one form of physical abuse defined by the Committee on the Convention of the Rights of the Child in the General Comment as any punishment in which physical force is used and intended to cause some degree of pain or discomfort, however light. Most involves hitting (smacking, slapping, spanking) children, either with hands or with an implement. In the view of the Committee, corporal punishment is invariably degrading (Caffo et al., 2015).

Four main types of physical abuse are considered, Type 1, being pushed, having hair or ears pulled, being pinched, being grabbed by clothing or being shaken. Type 2, being kicked or beaten. Type 3, being beaten with a stick, belt, wooden cane or whip. Type 4 (severe), being scalded with hot water or burned with metal, being fed something extremely spicy, being locked up in a confined space, being tied up with a rope, being drowned, suffocated or being threatened with a gun, knife or a sharp tool (Hartley, 2013).

Abuse has a devastating impact upon children, threatening both their survival and development. Its toll has been captured by the committee on the rights of the child, fatal or non-fatal injury (possibly leading to disability), health problems (including failure to thrive, and lung, heart and liver disease and sexually-transmitted infections in later life), cognitive impairment including (impaired school and work performance), psychological and emotional consequences (feelings of rejection, impaired attachment, trauma, fear, anxiety, insecurity and shattered self-esteem), mental health problems (anxiety and depression, hallucinations, memory disturbances and suicide attempts), risky behaviors (substance abuse and early initiation of sexual activity), developmental

and behavioral consequences, such as non-attendance at school, and antisocial and destructive behaviour, leading to poor relationships, school exclusion and conflict with the law (Leslie et al., 2014).

School health nurses are the initial mental health provider for children. School health nurse alone can facilitate optimal interventions to all students and situations, always. Ideally school health nurse would like to provide acceptable help for all students, but time, resources, and lack of expert knowledge may prevent long term individual therapy from happening. When school health nurse experience circumstances that hinder appropriate services, a referral is a way to meet the needs of the child (Simms et al., 2015).

School counselor's roles and responsibilities are multifaceted; with the proper training and implementation of services, school health nurse can help students that are victims of child abuse, to develop skills that will increase their academic and personal/social well-being. As a leader in the school, school health nurse has the platform to provide preventative and responsive services to educate and assist all students in their school and community (Tarullo, 2013).

Significance of study:

The current population of Egypt is 98,365 million according to December 2017, equivalent to 1.29% of the total world population. In Egypt, the total number of students in primary school in 2017 statistics was 11.3 million, which represented 53.1% of the total students in the educational level in Egypt, 10.3 million students were in public education, and 1 million students were in Al Azhar education (UNICEF, 2017).

In developing, low-income countries, such as Egypt, every additional year of education can increase a person's future income by an average of 10%. 53% of the

world's out-of-school children are girls and 2/3 of the illiterate people in the world are women (Cohn, et al., 2015).

In Egypt, according to UNICEF statistics collected between 2005 and 2013, 91% of children aged between 2-14 years old experienced "violent discipline" in the home in the month prior of survey. 82% experienced physical punishment and 83% experienced psychological aggression. A smaller percentage of 42% of mother and caregiver thought that physical punishment was necessary in child bearing (UNICEF, 2015).

Aim of the study

This study aims to assess child physical abuse among primary school children.

Subjects and Methods

Research design and setting:

A Descriptive, correlational design was used in carrying out the study at primary schools at Balteem in KaferEl-Sheikh governorate. In this study multistage stratified sampling was conducted according to:-

- **Stage I:** 3 primary schools which have the most densely numerical students selected from total 39 governmental schools.

- **Stage II:** 4th, 5th, and 6th grades were choosing from 3 primary schools that listed.

- **Stage III:** The total number of 4th, 5th, and 6th grade children in three schools was selected. The total number were 1858 students in year (2015- 2016).

Subjects:

The sampling population of this study included all children age 10-12 years from

both genders in three primary schools from Balteem city at Kafer El-Sheikh governorate.

Sample size:

The total sample size included 297 children representing 16% of all Childs enrolled in the selected schools. 100 students from RizkHammamou primary school 31 students from 4th grade, 30 students from 5th grade and 39 students from 6th grade. In addition, 100 students from El Saddik primary school, 28 students from 4th grade, 30 students from 5th grade and 42 students from 6th grade. Moreover, 97 students from Gamal Abdel Nasser primary school, 24 students from 4th grade, 30 students from 5th grade and 43 students from 6th grade.

Inclusion criteria:

- Girls and boys studying in daily government primary schools.
- Children were able to express information and have cooperation.

Exclusion criteria:

- Any congenital defect in speech.
- Endocrine disorders.
- Physical-movement disabled child who is under treatment that the school officials are aware of it.
- Unwillingness of the children.

Technical Design

The investigator visited the selected schools, with the help of school administration, each child in the class have the same chance to be included in the study.

Tools of data collection:

Two tools were used to collect the study data:

First tool: part (1): Structured interviewing questionnaire sheet to collect data: It was developed by the investigator, child socio-demographic data, child's family

socio-demographic and socioeconomic data, medical history of the child. **Part (2): primary school children knowledge about physical abuse:** Its focus was meaning of physical abuse, forms, causes, signs and symptoms, prevention of physical abuse, and the places that the child exposed to physical abuse. **Scoring system:**

For knowledge items, a correct answer was scored 1, the incorrect one was scored zero and don't know was scored zero. Total score of children knowledge was considered satisfactory if the present score was 50% or more and unsatisfactory if less than 50%.

Part (3): The predisposing risk factors leading to physical abuse among primary school children: Its focus was family factors, personality and school factors. **Scoring system:**

For predisposing risk leading to physical abuse children knowledge about predisposing risk factors leading to physical abuse was considered satisfactory if the present score was 50% or more and unsatisfactory if less than 50%.

Part (4): Primary school children behaviors related to physical abuse: The child's behavior with members of his family, Family relationships, and the behavior of the students with his peers in the street and at school.

Scoring system:

For primary school children behaviors toward their family members if child answered more than 50% of items for question children's behavior with their family members was considered bad behavior and scored zero, if child answered less than 50% of items was considered good behavior and scored 1.

Part (5): Assessment of primary school children according to their

exposure to physical abuse: It was focused on exposure to physical abuse daily, person acted physical abuse with child, causes of exposure to physical abuse, places of physical abuse.

Part (6): Health consequences of physical abuse among primary school children it included physical, psychological, social health consequences and scholar achievement.

Scoring system:

For health consequences of physical abuse among primary school children. If children selected more than 50% of items considered negative health consequences while, less than 50% of items considered positive health consequences.

Second tool: Observational checklist for primary school children according to their exposure to physical abuse

It used to observe for signs of child physical abuse.

Scoring system:

For observational signs of child physical abuse if more than 50% of the signs present on children it is considered the present signs while, less than 50% of signs considered non present signs.

Content validity:

It was done by 3 of faculties' staff nursing experts from the community specialties. The required modifications will be carried out accordingly.

Preparatory phase:

A review of the past and current relevant literature covering all aspects helpful in designing and constructing data collection tools was done using national &

international books, journals, articles, nursing magazines and internet websites in addition to experts' opinions.

A pilot study was conducted with 10% from the total selected sample were chosen randomly from the selected schools to test the applicability of the constructed tools and the clarity of the included questions, as well as to estimate the average time needed to complete all questions. The self-administered questionnaire and violence assessment sheet completed were within 30 minutes. Accordingly, modifications such as rewording, addition omissions were made for the final lay out of the study tools.

Fieldwork

At the beginning it was necessary for the researcher to introduce herself and briefly explain the aim of the study. The questionnaire was distributed to all students inside the selected classes in free session after getting ethical approval obtained from the Scientific, Ethical Committee of Nursing Faculty at Ain-Shams University. And the permission from school administrator and obtaining the approval from the child's parents, then the questionnaire collected by the researcher through personal interview for every child to collect the needed data and repeated in another classes. The data were collected from the three schools over a period of 3 months starting from February to May 2016, two days per week (Sunday and Wednesday) stating from 9 am till 1pm.

Ethical considerations

The study protocol was approved by the Ethics Committee at the Faculty of Nursing in Ain Shams University. A written consent agreement from was taken from administrations of the selected schools. Oral consent form regarding agreement from the students and their parents was taken after explaining the objective of the study to them. The researcher assured for every selected student involved in the study sample, that

participation is voluntary and that they have the right to withdraw from the study at any time without giving any reason. The researcher assured confidentiality of data for every Child involved in the study sample, the study wouldn't be harmful at any of its stages.

Statistical analysis

Results analyzed and tabulated using Microsoft Excel version 7 (Microsoft Corporation, NY, USA) and SPSS v. 16. (SPSS Inc., Chicago, IL, USA). Data were presented using descriptive statistics in the form of frequencies and percentages for qualitative variables, and mean and standard deviation (SD) for quantitative variable. Chi-square-test was used to compare two groups as regard qualitative variables. Correlation coefficient test was also used was used to show strength and direction of association between two quantitative variables. A value of $P < 0.05$ was indicated statistically significant.

Results:

Table (1): shows that mean age of the primary school children 11.5 ± 3.8 , 41.8 % of primary school children were in 6th class, 37 % of the PSC were the first birth, and regarding marital status of the parents, 73.7% of primary school children's parents were married.

Table (2): illustrates that, 47.8% of the primary school children answered use of force intentionally to hurt someone the correct answer. Regarding physical abuse forms, 72.7% of the PSC answered beating, and 54.9% answers were beaten with stone.

Table (3): reveals that concerning school factors, 66.7% increase the density of children's and 63% bad peer's relationship were the most answered of primary school children respectively.

Table (4): reveals there were highly statistical significant differences ($p \leq 0.01$) between the primary school children regarding their exposure to physical abuse at home.

Table (5): illustrates that, primary school children answered 97 % father at home, 90.5% friends at street and 60 % teacher at school who act physical abuse respectively.

Table (6): showed that primary physical abuse was significantly negative correlated with mothers and fathers education, except illiterate which was positive correlated with physical abuse. Also, Family income need was significantly negative sufficient and positive in sufficient correlated with primary physical abuse. While, father and mother occupation was not correlated with physical abuse.

Table (7): shows that, highly significantly negative correlated with children's behavior with their family members (good), behavior pattern, pattern of punishment and children reaction after punishment. In the same time, it negative correlated with children's behavior with their family members (bad), behavior pattern (bad), pattern of punishment (deconstructive) and children reaction after punishment.

Table (8): shows that, physical abuse was significantly negative correlated ($r = -0.49$, $p = 0.025$) with positive physical health consequences, but it significantly positive correlated ($r = -0.43$, $p = 0.016$) with negative physical health consequences. Also, physical health consequences were significantly negative correlated ($r = -0.71$, $p = 0.005$) with positive scholar achievement, but it significantly positive correlated ($r = -0.55$, $p = 0.012$) with negative physical health consequences.

Table (1): Distribution of primary school children's according to their demographic characteristics (N = 297)

Demographic characteristics	No.	%
Age		
10 years	80	27
11 years	98	33
12 years	119	40
Mean \pm SD	11.5 \pm 3.8	
School class:		
4th class	83	28
5th class	90	30.3
6th class	124	41.7
Birth order:		
The first	110	37
2 nd	107	36
3 rd	80	27
Marital status of the parents:		
Married	219	73.7
Separate	45	15.2
One or both died	33	11.1

Table (2): Distribution of primary school children according to their correct knowledge about physical abuse (N =297).

Items	No.	%
*Meaning of physical abuse:		
Physical abuse of the same or of others inadvertently	30	10.1
The use of force without intent to harm someone	39	13.1
Use of force intentionally to hurt someone	142	47.8
Do not know	104	35
*Physical abuse forms:		
Beating	216	72.7
Beaten with stone	163	54.9
Slapping	144	48.5
Pulling hair	111	37.4
Disk	108	36.5
Kicking	118	39.7
Biting	127	42.8
Stealing	97	32.7
Ear pulling	119	40
Insults	104	35
Threaten	95	32
Punching	71	23.9
Burning	71	23.9
Pulling clothes	33	11.1
Flirting and harassment	30	10.1

*not mutually exclusive sample

Table (3): Distribution of primary school children according to school factors leading to physical abuse (N=297).

*School factors	No	%
The use of violence by the teacher	171	57.6
The absence of role models in school	103	34.7
Lack of attention to the problems of children	153	51.5
Lack of trust in teachers	89	30
Continuing the practice of blame by teachers	104	35
The lake of school instructions	79	26.6
Inadequate school and sports activities	95	32
Increase the density of children	198	66.7
Bad peer's relation ship	187	63

*not mutually exclusive sample

Table (4): Distribution of primary school children according to their exposure to physical abuse at home (N =249).

Items	Always		Sometimes		Never		Chi square	
	No.	%	No.	%	No.	%	X ²	P value
Beating with bale or a sharp stick	113	45.4	133	53.4	51	20.5	29.5	0.000**
Beating with hand or legs	51	20.5	173	69.5	73	29.3	14.6	0.000**
Pushing with hand or legs	78	31.3	123	49.4	96	38.5	17.6	0.002**
Pulling hair	58	23.3	154	61.9	85	34.1	16.7	0.002**
Ear pulling	70	28.1	140	56.2	87	34.9	18.8	0.001**
Disk	61	24.5	173	69.5	63	25.3	13.6	0.004**
Crush your fingers	72	28.9	92	36.9	133	53.4	16.2	0.012**
Biting	45	18.1	144	57.8	108	43.4	35.0	0.001**
Burn with cigarette or another thing	27	10.8	126	50.6	144	57.8	31.5	0.000**
Beaten with stone	81	32.5	96	38.5	120	48.2	35.0	0.000**
Throttle or flooding	82	32.9	137	55	78	31.3	26.3	0.000**
Strikes you on your face	66	26.5	108	43.4	123	49.4	29.5	0.000**
Kicking	84	33.7	62	24.9	151	60.6	24.6	0.000**
Stealing	87	34.9	70	28.1	140	56.2	27.6	0.000**
Make you kneel for punishment	81	32.5	88	35.3	128	51.4	16.7	0.002**
Run behind you to hurt you	78	31.3	71	28.5	148	59.4	18.8	0.001**
The dumping of harmful things in your body	109	43.8	90	36.1	98	39.4	16.6	0.003**
Isolating you in dark place	82	32.9	95	38.2	120	48.2	17.3	0.000**
Broken a property	130	52.2	18	7.2	149	59.8	17.1	0.001**
Embarrass you in positioning front of others	78	31.3	123	49.4	96	38.5	17.6	0.002**

(*) Statistically significant at P<0.05 (**) Highly statistically significant at P<0.01

Table (5): Distribution of primary school children according to person who act the physical abuse in different locations (N =249).

Person who act physical abuse		No.	Yes
			%
At Home N =240	Father	233	97%
	Mother	157	65.4 %
	Older brother	129	53.7 %
	Family relatives	67	27.9 %
In the street N =220	Friends	199	90.5%
	Seller	21	9.5%
At School N =200	Teachers	120	60%
	Directors	85	42.5%
	Friends	105	52.5 %

*not mutually exclusive sample

Table (6): The relationship between physical abuse among school children and demographic characteristics (N=249).

Demographic data	Exposure of Physical abuse				r	P
	Present		Not present			
	No	%	No	%		
Mother's education						
Illiterate	15	6	25	10	0.42	0.025*
Basic education	27	10.8	114	45.8	-1.3	0.08*
Secondary	5	2	44	17.7	-0.65	0.000**
University	3	1.2	64	25.7	-0.69	0.000**
Mother's occupation						
Employee	15	6.0	133	53.4	0.20	0.064 ^{NS}
Un Employee	35	14.1	114	45.8	0.17	0.071 ^{NS}
Father's education						
Illiterate	28	11.2	12	4.8	0.38	0.011*
Basic education	41	16.4	79	31.4	-1.57	0.07*
Secondary	13	5.2	45	18.1	-0.48	0.011*
University	8	3.2	38	15.3	-0.54	0.000**
Father's occupation						
Employee	20	8	69	27.7	-0.03	0.282 ^{NS}
Worker (technical)	62	24.9	101	40.6	-0.15	0.422 ^{NS}
No work	8	3.2	4	1.6	0.055	0.356 ^{NS}
Family income\monthly need						
Sufficient	12	4.8	71	28.5	-0.561	0.025*
In sufficient	21	8.4	12	4.8	0.440	0.038*

(* Statistically significant at $P < 0.05$ (** Highly statistically significant at $P < 0.01$)

NS: non- statistically significant

Table (7): The relationship between physical abuse among primary school children and child behavior (N=249).

Child behavior	Exposure of Physical abuse				r	P
	Present		Not present			
	No	%	No	%		
Children's behavior with their family members						
Good	50	20	199	79.9	-0.74	0.000**
Bad	188	75.5	61	24.5	0.60	0.000**
Behavior pattern						
Good/normal	20	8	229	92	-0.73	0.000**
Bad	53	21.3	196	78.7	0.58	0.003*
Pattern of punishment						
Constructive	46	18.5	203	81.5	-0.81	0.000**
Distractive	87	34.9	162	65.1	0.45	0.027*
Children reaction after punishment						
Constructive reaction	29	11.7	220	88.3	-0.35	0.017*
Distractive reaction	82	32.9	167	67.1	0.67	0.005*

Table (8): The relationship between physical abuse among primary school children and physical health consequences(N=249).

Physical health consequences	Present		Exposure of Physical abuse		r	P
	No	%	Not present	No		
Positive (n=110)	84	76.4	26	23.6	-0.49	0.025*
Negative (n=139)	119	85.6	20	14.4	0.43	0.016*
Scholar achievement	Physical health consequences					
Positive (n=120)	38	31.7	82	68.3	-0.71	0.002*
Negative (n=129)	90	69.8	39	30.2	0.55	0.012*

r: correlation coefficient, p: p value, (*) Statistically significant at P<0.05

Discussion

The present research study was concerned to assess physical abuse among primary school children. Physical abuse is direct harm to a child's body. It might be a single act or repeated acts. The physical injuries might be external (eg, a laceration or burn) or internal (e.g., bruised organs). There are different methods of inflicting physical abuse, for example, strongly shaking an infant, hitting a child, cutting a child's skin, or burning the skin with a hot implement. Additionally, in some social cultures, certain abusive behaviour is legitimated by religious beliefs, for example, badly cauterizing a child or inserting sharp objects into a child's body to heal disease or to force out evil spirits (Al Odhayani et al., 2013).

Regarding, Sociodemographic data of the primary school children under study and their families, the findings showed that students mean age was 11.5 ± 3.8 years old, most of them were in 6th class, concerning, their birth order revealed that less than half of children under study were a first child in their families. According to traditional concept, this result might lead to increase physical abuse among siblings because the first child culturally usually takes the right to beat or imposes their opinion on younger ones.

Regarding, School children's correct knowledge about meaning, forms, the current study revealed that above forty of children answered use of force intentionally to hurt someone and more than seventy answered

beating. Concerning, physical abuse forms, 72.7% of the PSC answered beating, and 54.9% answers were beaten with stone. These results could be due to lack of students/parent's awareness, school health team and the community about bullying among school students and preventive measure. Also, factors and the prevalence of child abuse in society, it is beneficial for individuals working with children to be educated on the signs and symptoms of child abuse.

The current study indicated that more than two quarter of the child had use of abuse by the teacher, lack of attention to the problems of children's. Also, above two thirty had increase the density of children's and bad peer's relationship. This result supports the study done by (Coid et al., 2014) who reported that aggression can continue from childhood to adolescence and from adolescence to adulthood to create a pattern of persistent offending throughout a person's life.

From researcher point of abuse is a risk factor for borderline personality disorder, depression, anxiety, and other psychiatric disorders. Aggression can continue from childhood to adolescence and from adolescence to adulthood to create a pattern of persistent offending throughout a person's life. Also, caregiver poverty and low socioeconomic status (SES) as a risk factor for abuse.

Regarding, exposure to physical abuse at home. The current study reported that above forty of child were beating with bale

or a sharp, the dumping of harmful things in body and broken a property always. Also, above fifty were beating with hand or legs, pushing with hand or legs, pulling hair, ear pulling, disk, biting, throttle or flooding, and embarrass in positioning front of others sometimes. In a cross-sectional survey of children in Egypt, 37% reported being beaten or tied up by their parents and 26% reported physical injuries such as fractures, loss of consciousness or permanent disability as a result of being beaten or tied up (**Attia et al., 2016**).

Meanwhile, Parents in Egypt, rural areas of India, and the Philippines frequently reported, as a punishment, hitting their children with an object on a part of the body other than the buttocks at least once during the previous 6 months. This behaviour was also reported in Chile and the United States, though at a much lower rate. Harsher forms of abuse, such as choking children, burning them or threatening them with a knife or gun were much less frequently reported (**Carmody et al., 2015**). Similar parental self-reports from other countries confirm that harsh physical punishment of children by their parents exists in significant amounts wherever it has been examined. In Italy, based on the Conflict Tactics Scales, the incidence of severe abuse was 8% (**Bolger & Patterson, 2013**). Tang indicated an annual rate of severe abuse against children, as reported by the parents, of 461 per 1000 in China (Hong Kong SAR) (**Tang, 2013**). From researcher point of, Physical abuse among primary school children is a major health problem all over the world, requiring the efforts of health care professionals. Physical abuse is any non-accidental physical injury to the child and can include striking, kicking, burning, or biting or any action that results in a physical impairment of the child that is inflicted by a parent caregiver, or other person who has responsibility for the child.

Findings of the present study showed that child physical abuse was negatively

correlated with mothers and fathers' education, except illiterate which was positively correlated with physical abuse. Furthermore, sufficient family income/monthly need was negatively correlated with physical abuse among school children versus insufficient income. While, physical abuse was not correlated with father and mother occupation. These results come in accordance with the study conducted by **Spencer et al., (2015)** they found that child abuse is associated with traditional gender stereotypes and unequal power relationships within the broader society which are not challenged but rather reproduced within the school environment by both students and teachers. While, extensive research has documented men as more likely to perpetrate abuse due to the gender ideologies associated with negative masculinity (**Repetti et al., 2013**).

While, **Bernstein et al., (2014)** suggests that poor parent child relationship makes children not to be self-controlled and self-reliant, which in turn makes them vulnerable to abuses. In addition, parents with a poor socio-economic status have been documented to experience distress and not able to nurture their children adequately (**McLewin and Muller 2013**). Furthermore, Literature demonstrates that most abused children come from families that are unable to meet their basic needs (**Chang et al., 2013**). This study revealed that parents did not spend adequate time with their children and in many instances felt embarrassed to engage in certain discussions with their children. In addition, time spent with children is important.

The current study showed that primary child physical abuse was negatively correlated with positive physical health consequences and positive scholar achievement. While child physical abuse was positively correlated with negative physical health consequences and scholar achievement. These results come agree with

Azi and Saluhu (2016) who concluded that physical of child abuse negatively influence the child because children belong to the defenseless and disadvantaged group of the society. They should not be harmed or maltreated in any way because it has a negative effect on their academic performance in school as they do not know the dangers and effects of abuse on their future development.

While, **Al Odhayani et al., (2013)** revealed that Child abuse generally delays students' progress academically, because there is always lack of trust in people because they have been disappointed and abused by those that ought to be source of joy, trust, defense and security to them, they believe nowhere is safe and nobody is to be trusted. This leads to changes in behaviour such as emotional pain, physical pain, withdrawal from opposite sex, poor social relationship, anxiety, mental stress, depression, difficulty in socializing, sadness, hooliganism, thuggery, rebellious, malnourishment, anger, scars on body parts, addictions, sexual difficulties, unhealthy appearance and clothing. These traits lead to poor academic performance by the child as concentration becomes a problem.

In addition, **Fortson et al., (2016)** reported that Physical abuse exposes children to increased risk of adverse mental health outcomes, injury and disruptive behaviour. Evidence associates child abuse to increased risk for conduct disorders, which predicts IPV in adulthood.

In the same line (**Sethi et al., 2013**). A child's capacity and potential to receive the maximum benefits of educational processes is compromised due to resultant absenteeism, school discontinuation, and lack of motivation for academic achievement (**MacMillan et al., 2013**). Poor health outcomes related to child sexual abuse include increased risk for depression (**Caffo et al., 2015**).

From researcher point of, child abuse is a serious global health problem. Although most studies on it have been conducted in developed countries, there is compelling evidence that the phenomenon is common throughout the world. Much more can and should be done about the problem. In many countries, there is little recognition of child abuse among the public or health professionals. Recognition and awareness, although essential elements for effective prevention, are only part of the solution. Prevention efforts and policies must directly address children, their caregivers and the environments in which they live to prevent potential abuse from occurring and to deal effectively with cases of abuse and neglect that have taken place. The concerted and coordinated efforts of a whole range of sectors are required here, and public health researchers and practitioners can play a key role by leading and facilitating the process.

Conclusion and Recommendations

More than half of the child had abuse by the teacher, lack of attention to the problems of children's, had increase the density of children's and bad peer's relationship. More than half of child were exposed to beating with bale or a sharp stick, biting, throttle or flooding, strikes on face, kicking, and make kneel for punishment continuously.

There were highly statistical significant differences ($p \leq 0.01$) between the primary school children regarding their exposure to physical abuse at home.

Child physical abuse was negatively correlated with mothers, fathers' education and sufficient family income/monthly need, positive physical health consequences and positive scholar achievement. Except illiterate and negative physical health consequences and scholar achievement which were positively correlated with physical abuse.

In the light of the findings of the current study the following.

Recommendations:

Parental behavior and family environment have a very strong influence on child abuse. So, the family and community leaders must take these predisposing factors into their account to help students in preventing and reducing physical abuse behavior.

Further research studies should be undertaken to investigate the physical abuse confounding factors among school students to tailor and implement adequate prevention programs.

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