

Prevalence of Child Abuse and its Long-Term Psychological Consequences among Female Students of Medical Faculties

Enas Mahrous¹, Safaa Abd Elazem², Zeinab Hassan³

¹Lecturer of Psychiatric Mental Health Nursing, Faculty of Nursing, Cairo University, Egypt

^{2,3}Lecturers of Psychiatric Mental Health Nursing, Faculty of Nursing, Fayum University, Egypt

Abstract: *Introduction:* Recently there is increasing attention regarding psychological consequences of child abuse all over the world and particularly in Arab world. **Aim:** to examine prevalence of child abuse and its long term psychological consequences in adulthood among female University students attending medical faculties at El-Fayoum University. **Method:** 837 female students from four different medical faculties at El-Fayoum University, namely faculty of Medicine, Pharmacy, Nursing and Dentistry. They answered two questionnaires including; Childhood Trauma Questionnaire (CTQ) and Psychological Problem Scale (PPS) in addition to socio demographic data sheet. **Results:** From all studied sample, 11.84% of them reported that they have a child abuse experience. Participants rated physical neglect domain 49.73% as the highest domain of child abuse followed by emotional neglect 47.11%, and physical and emotional abuse (40.28%, 40.26% respectively). Meanwhile, the lowest domain rated was sexual abuse 33.05. While 53.5% of participants reported psychological problems in form of low self-esteem, impulsivity and post traumatic stress. Results also revealed statistically significant differences in the level of abuse and psychological problems in relation to students' ages, family monthly income, number of siblings and their parents' educational levels. **Conclusion:** Despite the lower frequency of child abuse experiences in comparison with other studies, but higher frequency of long term psychological consequences, it needs the early diagnosis and early detection in addition protective educational interventions which could have critical roles in diminishing the prevalence and harmful long term psychological consequences of child abuse experience.

Keywords: Child abuse, Psychological problems, Female students, Medical faculties, Long term consequences

1. Introduction

Child abuse is a huge global problem that occurs in families from all walks of life, and across all socioeconomic, religious and ethnic groups. Child abuse or maltreatment constitutes all forms of physical, social, and /or emotional maltreatment, sexual abuse or negligent treatment or other exploitation, resulting in actual or potential harm to the child's health, survival, development or dignity. It occurs as a result of an interaction of multiple forces impacting the family, while certain factors related to parents, children, families, and the environment are commonly associated with a greater incidence of child maltreatment [1]

Child abuse is one of the most studied childhood traumatic events accompanied with unfavorable short and long term negative impacts upon children in form of health problems which are including failure to thrive; they may have cardiovascular disease, lung and liver disease, diabetes, asthma, and obesity[2]. Cognitive impairment including impaired school and work performance, while psychological and emotional consequences are including feelings of rejection, impaired attachment, trauma, fear, anxiety, insecurity and shattered self-esteem. Mental problems are including anxiety and depression, hallucinations, memory disturbances and suicide attempts. Risky behaviors including substance abuse and early initiation of sexual activity [3]. Developmental and behavioral consequences, such as non-attendance at school, and antisocial and destructive behavior, leading to poor relationships, school exclusion and conflict with the law [4]. Furthermore, child abuse has enormous economical effects, because of the cost of services to treat child abuse victims, like medical care, special

education, psychological and welfare programmes, protective foster care and preventive services [5].

The problem of child abuse and human rights violations is one of the most critical matters on the international human rights agenda. Child abuse report of World Health Organization [5] estimated that about 40 millions children aged 2-14 years around the world suffer from abuse and neglect that require health and social care. In addition, sexual abuse had occurred to 73 million boys and 150 million girls under 18 years old which accompanied with unfavorable short and long term physical, psychological and social consequences as well as the repercussions of it are many, may be difficult to reverse and it may disappear after a short period or last a lifetime [6].

Female Children or adolescents who have been abused may be more likely to show some psychological problems later on as be withdrawn, anxious or even depressed, having trouble in affection with peers, be aggressive with herself and others, have low impulse control or be involved in conflict with others, have a higher incidence of overall health risky behaviors as smoking, drug abuse or alcohol abuse, in addition to lack an understanding of consequences of actions and moral reasoning, lack a sense of safety and belonging have difficulty trusting other people or relating to them emotionally or sexually, unintended pregnancy, have problems with identity, self-perception, self-esteem, confidence, and inability to manage strong emotions [7]

Accordingly, adults who experienced abuse or neglect during childhood are more likely to suffer from poor physical health and psychological problems may in turn be

Volume 5 Issue 10, October 2016

www.ijsr.net

Licensed Under Creative Commons Attribution CC BY

able to lead to long-term physical health problems and vice versa [8]. Moreover, children exposed to child abuse are often exposed to co-occurring domestic violence (DV) and environmental stressors which are a stern social problem, and to say the least, a human rights violation. Child abuse and risky family environment have severe implication on children's mental health and wellbeing, with regard to children, domestic violence can refer to those who have witnessed violence between their parents. The witnessing of family violence has been broadly defined as "a child being present (hearing or seeing) while a parent or sibling is subjected to physical abuse, sexual abuse or psychological. Children who witness domestic violence tend to experience significant disruptions in their psychosocial wellbeing [9].

Nurses play an important role in the prevention, identification, and intervention in the case of child abuse and neglect and in the ongoing care, education, support of the children and their families [11]

They should have the necessary skill to assess, identify, report and implement early intervention strategies in the management of any case of suspected child abuse and/or neglect. Because there are lacks of reporting abuse within the community where child abuse is ignored or may even be tolerated and accepted as a form of discipline. Confronting these realities is a necessary step in the long and hard road to break the silence, respond to and prevent child abuse and neglect [11]

2. Significance of Study

The significance of the current study is flowing from the important variables it examines and their effects on children's future. The spread of children abuse and neglect nowadays and spread of homeless children phenomena. The negative effects of children abuse on their personality and behavior. So, this study is emerges due to many reasons as this study as one of an earliest studies that exploring long term effects of CA among medical students especially in rural community. The current study will bring attention to those victims who are preparing for caring about and managing others health and illness, also ensure medical students who will work in medical field have a high quality of life and are not negatively influenced by CA experiences.

In Arab countries, there are enormous cultural obstacles that make society complacent about child abuse; there are no nationwide studies on the subject from Arab [12]. In Egypt, studies were carried out to investigate the problem of child abuse. One of these studies revealed that, the overall prevalence of child abuse is 36.6%. Emotional abuse is 12.3%, physical abuse 7.6%, and sexual abuse is 7.0% and combined forms 9.7%. [13].

Although Egypt is one of the first 20 countries to ratify the Convention on the Rights of the Child (CRC), the African Charter on the Rights and Welfare of the Child and the Egyptian Child Law that resulted in important gains for Egyptian children but still there is some sort of abusing/violence toward children .So, this study is an important to address long term consequences of child abuse

phenomena in rural community and early detection, and diagnosis for cases that exposed to previous experiences of abuse/neglect that affect psychological functioning and impede their psychosocial adjustment on life situations.

3. Subjects and Methods

Aim of the Study: is to examine prevalence of child abuse and its long term psychological consequences in adulthood among female University students attending medical faculties at El-Fayoum University.

Research design: A descriptive cross sectional design was used in the current study.

Setting: The present study was conducted among four medical faculties at El Fayoum University; those were the faculty of medicine, nursing, dentistry, and pharmacy.

Sample: The target population of this study consisted of 1270 female university students from the above four mentioned medical faculties in El-Fayoum University during the academic year 2015/2016. The students were invited to participate in the study and total numbers of students who were participating was 837 with a response rate 72%. The students participated from faculty of medicine, pharmacy, nursing and dentistry were 400, 91, 254 and 91 respectively. Students were eligible for inclusion in the study sample whenever they met the following criteria; Female gender, University stage age (years), and accept to participate in the study.

4. Tools of Data Collection

Three tools were used for data collection which included:

- 1) Socio-demographic data sheet: This sheet is developed by the researchers; it included data about the students 'age, gender, grade, faculty name, failure times at faculty, financial support, marital status, birth order and number of siblings, as well as the family characteristics as parents' educational level and family monthly income,
- 2) Childhood Trauma Questionnaire: is a 41-item retrospective self-report inventory that provides brief screening for history of maltreatment (both abuse and neglect) in childhood and adolescence and used to assesse five different types of maltreatment: emotional abuse and neglect, physical abuse and neglect, and sexual abuse. It was developed by [14] and translated in to Arabic by [15].The tool has a high content validity (80.0%) and good internal consistency (0, 95) with the total scale achieving a Cronbach alpha of .95. The scale assesses six types of child abuse, First domain: denial (questions 10); Second domain: physical neglect (8questions); Third domain: Emotional neglect (14questions); Fourth domain: Sexual abuse (2questions); Fifth domain: Physical abuse (7questions); and Sixth domain: Emotional abuse (9questions).

Scoring system: Students' answers for each question were scored (5) for always, to (1) for never, this for all items except the items that measure emotional neglect, where question were scored reversely, (1) for always, to (5) for never. The scores were reversed for types of abuse. So the

scores of the items were summed-up according to total variable related to child abuse and the total divided by number of the items, giving a mean score. A higher mean score reflects experience higher level of child abuse for the participant, these scores were converted into a percent score, and means and standard deviations were computed. Each score was classified into none to minimal (<60%), mild to moderate (60 % -< 75%), moderate to severe (75% -<90%) and severe to extreme (90%-100%).

3- Psychological problem scale: it was designed by [16] after collected several questions from different scales in order to explore the various areas of psychological problems caused by child abuse experiences. The Arabic translation of the questionnaire has been standardized to the Saudi Arabic dialect. Tool has internal consistency = 0.8 with the total scale achieving a Cronbach alpha of 0.95.

The questions are related to the prominent feelings of the subjects. It consists of 13 questions on a two responses "Yes" or "No" intended to explore such problems as low self-esteem, dissociation, post-traumatic stress disorder, self-harm, impulsiveness, eating Disorder, and aggression.

Scoring system: Students' answers for each question were scored 2 for yes and 1 for no. The scores of the items were summed-up for each dimension related to psychological problems and the total divided by number of the items in the dimension, giving a mean score for each dimension. A higher mean score reflects having higher level of psychological problems of the participant.

Pilot Study: a Pilot study was conducted on 10% (85) students to test the clarity, feasibility and the applicability of the study tools and to estimate the time needed to complete the questionnaire sheets for student. Participants whom involved in the pilot study weren't included in the actual study.

5. Ethical Consideration

Approval for the study was obtained from official authority. All participants were initially contacted, asked to participate in the study and informed about the core and the aims of the research. Participant consent was gained. They were assured of the anonymity of their responses by using pseudonyms to report the results and were guaranteed confidentiality of collected data. The study was conducted in a very familial and safe environment for students.

Fieldwork

- The researchers started by reviewing the literature to gain more in-depth information about tools of data collection and subjects.
- When the tools were finalized after pilot testing, the actual field started. After obtaining official permissions, the researchers started to prepare a schedule for collecting the data.
- Researchers started data collection by introducing themselves to female students and explained the aim of the study and the content of the tools to establish an initial rapport between female students and researchers.

- All questions were answered and detailed explanation was given to obtain their acceptance and cooperation during conducted the interview session.
- The fieldwork was executed in three months. It started in February 2016 and was completed by the end of April 2016. This time was selected to be suitable for students, away from the time of exams, which may be associated with stress or frustration. The researchers started with the faculty of nursing, then the faculty of medicine, faculty of pharmacy, and finally the faculty of dentistry.

Statistical Analysis

The data were analyzed using the Statistical Package for the Social Sciences statistical software (SPSS 18). Data were presented using descriptive statistics in the form of frequencies and percentages for qualitative variable, and means and standard deviations for quantitative variables. Qualitative variables were compared using chi-square test. Whenever the expected values in one or more of the cells in 2×2 tables was less than 5. Pearson correlation analysis was used for assessment of the inter-relationships for quantitative variables. Statistical significance was considered at p-value <0.05.

6. Results

Table 1: Socio-demographic characteristics and descriptive data of study sample (N=837)

Variable	Values	No.	%
Distribution of students in each faculty	Medicine	400	47.8
	Pharmacy	91	10.9
	Nursing	254	30.3
	Dentistry	92	11.0
Age	Mean= 20.9	SD=1.8	
Marital status	Single	413	49.3
	Engaged	244	29.2
	Married	180	21.5
Number of siblings	1-3	305	36.5
	More than 3	532	63.5
Faculty of medicine admission	I wanted	215	53.8
	I didn't want	185	46.2
Faculty of pharmacy admission	I wanted	73	80.2
	I didn't want	18	19.8
Faculty of nursing admission	I wanted	173	68.1
	I didn't want	81	31.9
Faculty of dentistry admission	I wanted	44	47.8
	I didn't want	48	52.2

Table (1) demonstrated the participants' characteristics, about half of female students (47.8) were from faculty of medicine, and about one third of them were from faculty of nursing, while the lowest percentage were from faculty of pharmacy, and dentistry. Mean age of female students was 20.9 years. Regarding their marital status, about half (49.3%) of them were single, 29.2% were engaged and 21.5% were married. In relation to number of siblings, about two thirds of participants have more than three siblings. As regards to participants' responses toward admission to their faculties, 46.2%, 19.8%, 31.9 % and 52.2 %, didn't want to admit to their faculties of medicine, pharmacy, nursing and dentistry respectively.

Table 2: Participants' parents characteristics (N=837)

Variable	Values	No.	%
Family monthly income	Unsatisfactory (Less 2000 EP)	453	81.1
	Satisfactory(from 2000-4000EP)	35	18.9
Fathers' education level	Primary	321	38.3
	Intermediate	327	39.1
	University	189	22.6
Mothers' education level	Primary	394	47.1
	Intermediate	335	40.0
	University	108	12.9

Table 2 demonstrated the family monthly income, most of participants' family (81.1%) has unsatisfactory monthly income (less 2000) Egyptian pounds, and about one fifth of them (18.9%) have satisfactory monthly income (2000-4000) Egyptian pounds. Regarding educational level of students' parents, more than half of them had intermediate to university level.

Table 3: Prevalence of child abuse and psychological problems among participants (N=837)

Items	None to mild		Mild to moderate		Moderate to severe		Severe to extreme	
	No.	%	No.	%	No.	%	No.	%
Total child abuse	698	83.3	99	11.8	28	0.03	12	0.01
Total psychological problems	389	46.5	251	30.0	195	23.3	2	0.2

Table 3 referred to percentage of child abuse among participants was 11.84% and their psychological problems was 53.5% varied from mild 30% to moderate 23.3% and severe 0.2%.

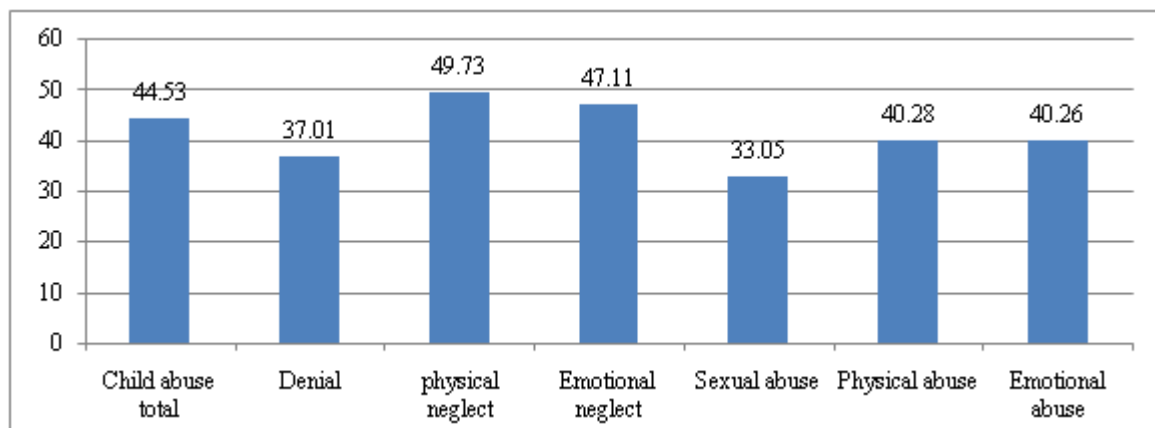


Figure 1: Percentages distribution of study sample regarding child abuse (N=837)

Figure (1) showed the percentage distribution of participants' child abuse, the highest percentage items were physical neglect (49.73) and emotional neglect (47.11),

while the lowest percentages items were sexual abuse (33.05) and denial (37.01).

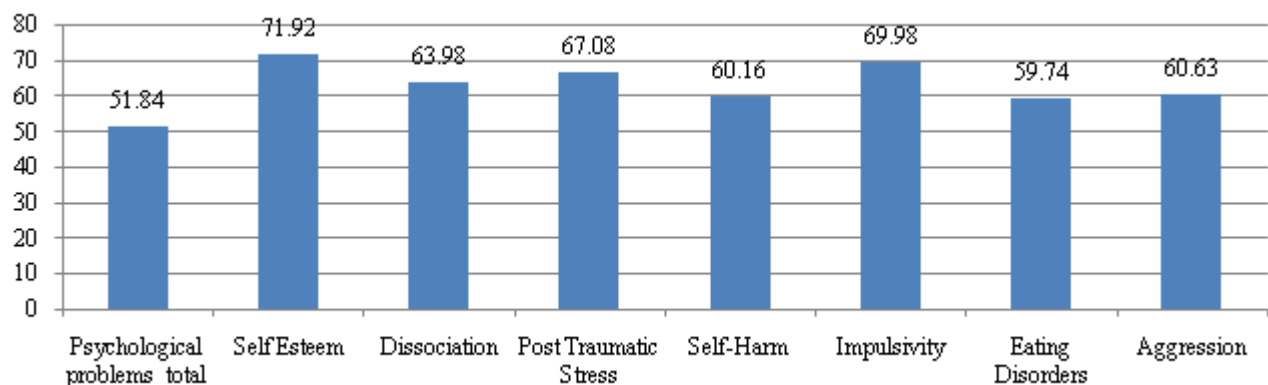


Figure 2: Percentages distribution of study sample regarding psychological problems (N=837)

Figure (2) showed the percentage distribution of participants' psychological problems, where the highest percentages were related to low self-esteem (71.92), impulsivity (69.98) and post traumatic stress (67.08), while

the lowest percentages were related to eating disorders (59.74), and aggression (60.63).

Table 4: Comparison of child abuse and psychological problems scores between students in four faculties

Variable	Medicine		Pharmacy		Nursing		Dentistry		F-value	p-value
	Mean	SD	Mean	SD	Mean	SD	Mean	SD		
Psychological problems total	0.61	0.66	1.40	0.16	1.41	0.17	1.53	0.11	219.328	.0001*
Child abuse total	1.41	1.08	2.15	1.42	1.99	1.48	3.07	1.28	46.599	.0001*

(*) Statistically significant at $p < 0.05$

Table (4) demonstrated significant differences among participants from medical faculties regarding both total psychological problems and total child abuse impacts upon participants where F-value were 219.328 and 46.599 respectively at p-value.0001. Faculty of dentistry was the

highest faculty for participants incidences of child abuse experiences and psychological problems ,while faculty of medicine was the lowest ones regarding child abuse experiences and psychological problems .

Table 5: Correlations between participants' sociodemographic variables and their scores of child abuse experience and psychological problems

Items	Sociodemographic variables									
	Age		Income		Number of siblings		Father education		Mother education	
	F-value	p-value	F-value	p-value	F-value	p-value	F-value	p-value	F-value	p-value
Total Psychological problems	-5.800	.0001*	1.637	.179	4.524	.0001*	-14.003	.0001*	-9.896	.0001*
Total Child abuse	-3.733	.0001*	6.048	.0001*	1.764	.081	7.745	.0001*	-9.408	.0001*

(*) Statistically significant at $p < 0.01$

Table (5): showed correlation between socio-demographic variables and child abuse and psychological problems. Statistically significant negative correlations detected between participants psychological problems and experience of child abuse and their ages, Fathers' and mothers' education levels where f value was (5.800, 3.733, 14.003, 7.745, 9.896, and 9.408) respectively. While monthly income was statistically significant positively correlated with participant's child abuse experiences where f value was 6.048 and numbers of participant's sibling were statistically significant positively correlated with their psychological problems where f value was 4.524.

relatively high percentage in a sample with mean age 20.9 years old. This reflects the Egyptian or oriental culture of early marriage of females, especially in a predominantly rural residence sample as in the current study. This could have an influence on the females behavior since in most cases of early marriage the students do not have the choice whether of the marriage itself or in the selection of the potential spouse. The present study rate of married/engaged is much higher than the rate reported by [17] who found that 5.2% of Turkish university students were married. The difference is undoubtedly related to the study setting and cultural atmosphere.

Table 6: Correlation between total psychological problems score and total child abuse score

Correlation between total psychological problems score and total child abuse score	Pearson correlation coefficient	p-value
	0.95	0.0001*

The study findings demonstrated that, most of the sample reported unsatisfactory family monthly income (table 2). This finding is considered rational and congruent with rural community which characterized with large family sizes, and low parents' educational levels, so in response to this undue financial pressure, the family tends to let their females to work which may exposed them to abuse experiences. These results are supported with other findings [18].

7. Discussion

The current study tackles child abuse phenomenon and its long term psychological consequences in Egypt. It was carried out on a sample of female university students representing medical category of faculties. Their socio-demographic characteristics were those of typical university students, with a higher percentage from rural areas, which coincides with the location of the study, El-Fayoum University. Also, this is an end result of the system for admission to universities in Egypt, which depends on student's grade and geographical distribution. Therefore, about one-third of the study sample students were forced to enroll in their current faculties by their grades (table 1). This is one of the disadvantages of this Egyptian system of admission, which does not give the adolescent free space to choose the preferred faculty that is suitable to/her capabilities and talents.

The present study findings demonstrated that, more than one third of students' parents have intermediate education (table 2). These findings suggested that fathers' and mothers' educational level is important contributing factor towards child abuse and neglect. In the same line[19] who conducted his study in Pakistan argued that children belonging to low parents' educational status were more abused as compared to the children from high parents' educational level and also argued that demographic variables would also be contributing to the problem of child abuse and neglect. This is confirmed the Linkages between parental educational level as well as features of the family environment and child abuse and its long term emotionally or psychologically consequences [20].

Slightly more than half of the female students in the present study were either engaged or married (table1). This is a

Overall, female university students in the present study reported high rates of psychological problems related to previous exposure to child abuse experience. More than half of them have psychological problems with some form of

abusing as physical, emotional and sexual abuse (table 3). This result indicated that child abuse is significant predictors for psychological problems in spite of lower percentage of child abuse. The lower percent of child abuse in the current study may be attributed to underestimate of abusing and neglecting toward children because of the sensitive nature of this issue and children often reluctant to speak out about it. Moreover denial of exposure to abuse by females and their families as a result of social related factors. One of these factors is females' tendency to maintain her social appearance, which is necessary to gain and maintain social acceptance and eligibility for marriage. Also rural community gives less freedom to females for expressing emotions and themselves which leads to more psychological burdens. In addition to living in oriental and conservative community put limitations on females' opportunity to report abuse experiences as it is regarded as a family secret. This result is in line with other studies, [21], [22], [23], [24], [25], [26] who confirmed that child abuse phenomena are existing among many different countries and traditions have been deeply rooted in the cultural and social contexts of rural community.

Participants rated that the physical and emotional neglect are the highest domains of child abuse, while the sexual abuse was rated as the lowest domain (figure 1). This result could be interpreted in terms of rural community characteristics in form of large number of sons and daughters to be taken care of by the parents, misperception about childrearing and illiteracy, so basic needs of family members as eating healthy diet, well management to prevent and/or cure illness, proper and adequate caring from mothers may be unsatisfied or denied, which may lead to developmental delays, attention deficits, poorer social skills, and less emotional stability. This result is in line [27] who reported that physical abuse and neglecting were reported that 45.1% of their sample among saurian university students. While others results clarified physical abuse as the most dominant form of abusing toward girls as [28] who illustrated that 45.1 % of students reported being victims of physical abuse. Similar rate 47.3% was reported by young adult girls from India as reported by [29].

While another study reported physical abuse is more prevalent among caregivers who believe in using physical punishment as an essential disciplinary technique because they had learned it from their own parents. Being unaware of the impacts of child abuse, parents use abusive language that is hurting for the children; parental negative attitude might produce low self-esteem, inferiority and lack of hope or feelings of humiliation [30]. On the other hand, higher rates were reported from population based survey conducted in Yemen that was 51-81% by [24]. This disagreement may be also due to differences in socioeconomic levels; hence, children face high level of parental abuse.

Sexual abuse was rated as the lowest domain in the current study, this indicated that in accordance with shame, secrecy and denial associated with female sexual abuse promote pervasive cultures of silence, where girls cannot speak about their experiences of sexual abuse they have suffered and sets formidable barriers towards disclosure. In the same line and among Arab countries and rural community in general there

is lack of reporting and documentation of sexual abuse as reported by, [26] in Upper Egypt study who administrated a cross-sectional survey to verify the prevalence and types of child sexual abuse (CSA) among students at Sohag University, results indicated that, 37.8% of female respondents and their prevalence was higher in rural areas.

Furthermore, the literature suggests that there are serious obstacles hindering victims from disclosing sexual assault, which keeps it as a hidden subject, these obstacles include embarrassment, lack of knowledge regarding victim rights and the need to keep the event hidden from other people as reported by [31]. Moreover, in other recent study, [32] examined the prevalence of sexual abuse during childhood and adolescence in a sample of Mexican teenagers and children, while their results showed that 1.76% of participants had experienced sexual abuse before the age of 18. Contrarily, [33] investigated the prevalence of CA among university students; their surprising results indicated that 45% of female students had an unwanted sexual experience prior to the age of 17.

The results of this study indicated that more than half of female participants have Psychological Problems mainly related to low self-esteem, impulsivity and post traumatic stress (figure 2). This results may be due to negative impact of abuse experience which female experienced as to be humiliated without defend her rights and to repress of emotions and feeling. Also Arabic families tend to be more supportive and attentive towards their boys needs than girl's needs, so females tend to feel frustrated, depressed and anxious as mentioned by [34].

The findings of this study suggested that there are statistically significant differences in the total score regarding participants' child abuse and their psychological problems among different faculties where faculty of density was the highest one. This may be associated with the fact that they have higher situational-stresses and dissatisfaction with faculty admission where they are the most faculty students that have unwanted admission of faculty, they admitted according to their scores rather than their preferences. This finding is considered rational and congruent with other studies previously reported by [5], [35]. This result could be interpreted by [36] who found that those who had been abused as children have extensive consequences, as these experiences limit victims' ability to achieve their educational potential which negatively influences the quality of life of students who are already experiencing burnout and chronic stress. Also abusers become exhausted and may leave studying or workforce. The experience of childhood abuse may also generate long-term deleterious effects on the victims' mental health and psychosocial functioning.

Current study revealed that, there is a significant relationship between child abuse and several dimensions of psychological problems; it may be due to that child abuse is a risk factor for a number of mental illnesses that may be diagnosed in childhood, adolescence or adulthood. Not all children who have suffered abuse will develop a diagnosable mental illness, but in general there is a higher risk of developing psychological problems, this means that mental

health services need to further develop resources and facilities to detect and manage these kinds of problems. Social, educational and legal establishments need to give similar attention to this phenomenon. This result comes in parallel with another study done by [37] who revealed that victims of childhood physical abuse have a 40% chance of being diagnosed with major depressive disorder at some stage in their life and a 30% chance of being diagnosed with a disruptive behavior disorder and post traumatic stress disorder (PTSD) during their lifetime.

The results of present study showed a statistically significant negative correlation between students' psychological problems and experience of child abuse and their parents' educational level. This indicated that parents' variables could be a risk and confounding factor for both the occurrence of abuse as well as the high scores on the psychological problems scale in Egyptian community, so parent educational level has more effect than the other factors on dependent variable which could be explained the low level of income as it is evidenced by the more than half of participants' family 54.1% have unsatisfactory monthly income (less than 1000 -2000) Egyptian pounds, which reflects a tendency towards insufficiency or poverty. In fact, parents are important aspects of children's psychology and they have a substantial influence on the developing minds of them.

In accord with this finding [38] large numbers of children can dilute parent's emotional and financial well-being, and as such can drive them to treat their children badly. In addition, [24] who conduct their research in Bahrain, reported that abusive parents show greater irritation and annoyance in response to their children's temperament and behaviors, that they are less supportive, affectionate, playful and responsive to their children, and that they are more controlling and hostile

Another indicator of the low socio-economic level of families of students in the present study, apart from parents' education and income, is the number of siblings. It was found that numbers of participant's sibling were statistically significant positively correlated with their psychological problems, this confirmed that increased size of the family can also increase the risk for psychological problems among participants. This is a common finding in the rural Egyptian families, which still value the large family with lot of children. The repercussions of the large families are not only on the economic conditions, but also on family dynamics, child treatment as well as level of care for children. All these factors would certainly have some impact on students' behaviors and feelings. In the same line, [39] indicated that low education and a poor income to meet the families' needs increase the potential of physical abuse towards children. Also families with four or more children were three times more likely to be abusive towards their children than parents with fewer children [40].

In addition to family indicators, The results of this study showed statistically significant negative correlation between students' psychological problems and experience of child abuse and their ages, this indicated that the age as significant factor as student mature they can learn more effective

coping skills in dealing with problems as well as the university stage consider important stage where the students ventilate more with friends and can divert their attention about the psychological problems, in addition, their relationship with peers allows them to support prevention efforts by identifying high-risk situations and by actively supporting good relationship through discussions with peers and widened social net work and relationships. Furthermore, and in agreement with the foregoing present study findings, [41], [21] who study the prevalence and types of childhood abuse among special education students attending Jordanian Universities, they reported that, the impact of child molest (abuse) is serious and can manifest itself in a wide variety of symptomatic and pathological behaviors. Age and a variety of abuse relate factors can affect both the nature and the severity of symptoms.

Based on the results from correlation analysis there was statistically significant very strong positive correlation between total psychological problems score and total child abuse score. This could be indicated how abuse experiences could turn into psychological problems later in life. This explained that experiences of child abuse and neglect can have serious effects on increasing the risk of psychological problems as well as abuse and neglect in the early years of life can seriously affect the developmental capacities of child and depressed their abilities and talents.

These findings were consistent with the findings of a Kuwaiti study conducted by [22] among Arab high school students. The data provide initial evidence of an association between childhood abuse and psychological problems. In other words, childhood abuse may increase awareness or sensitize female students to pains, physical and psychological discomfort and increase recognition of underlying psychological problems. Therefore family child care providers can protect the children in their care by being knowledgeable about the long run consequences of child abuse.

In the same line, [41] identified that child abuse and neglect can have physical, psychological, cognitive, behavioral and social consequences, which are often interrelated. Such consequences include less secure attachments and connection to parents and family, poor conflict resolution skills, poor mental health, general adjustment problems, low self-esteem, and vulnerability to further victimization or perpetration of violence.

The results of this study are in consistent with the a systematic review of literature on child sexual abuse in Saudi Arabia done by [3] who confirmed the link between childhood abuse and a number of psychological problems in adulthood. In addition [42] who reported that there is a strong association between child abuse and all of behavioral problems, learning difficulties, abusiveness toward others, inability to establish healthy sexual relationships as an adult, promiscuity or prostitution, increased incidences of running away from home, increased rates of suicide and involvement in criminal activity.

Likewise, [23] who done their study in USA, reported that, many children are so overwhelmed in dealing with their conflicts over the abuse that they may lack the energy to participate in normal activities. However, Childhood abuse is also a major trigger of mental illness in later adulthood. Additionally chronic experiences of child abuse and neglect occurring over different developmental periods can have a profound and exponential impact on a child's life. However, [25] who conduct their research in Saudi Arabia claimed that many victims of child sexual abuse seek psychiatric help later in life. Young girls who are forced to have sex are three times more likely to develop psychiatric disorders in adulthood than girls who are not sexually abused.

Finally, we believe that our study represents one of the most comprehensive attempts to document the effect of child abuse on psychological state among female medical students in El-Fayoum university setting. Our study suggests that it is a fairly wide spread problem which affects many individuals. We hope that researchers in the Arab world will make more effort to identify these problems, increase public awareness and produce more studies in this field.

8. Conclusion

This study aims at drawing attention to the phenomenon of child abuse and its long term consequences especially psychological state in Egyptian society's mainly rural community. The study findings lead to the conclusion that child abuse and its long term psychological consequences is a wide spread problem which affects many female students in medical field. The prevalence of child abuse and its long term psychological consequences found, suggests that it is more prevalent among female students in Egyptian society.

9. Recommendations

- Future studies with different methods, such as interview and focus group, could be used to achieve in-depth knowledge regarding child abuse.
- Conducting additional studies of larger samples from a wider range of participants.
- Curriculum designers in medical faculties will make more effort to design a curriculum about mental health concerns mainly about health promotion, provide effective therapies and increase public awareness, counseling, training and referrals to specialists or other agencies.
- The effects of maltreatment should be taken into account in developing schools' and educators' responses to poor performance among their students and in guiding the development of service interventions

10. Limitations of the Study

In this study, there is a lack of randomization in allocating participants. There are no direct interviews to verify the results of the questionnaires. The sample in this study is not fully representative of Egyptian rural society. The data about "parents' employment" and "monthly income" may lack validity and reliability because the questions were relatively brief.

References

- [1] *Child Welfare Information Gateway. (2015):* Long-term consequences of child abuse and neglect. Washington, DC: U.S. Department of Health and Human Services, Children's Bureau.
- [2] **Affi ZE, El-Lawindi MI, Ahmed SA, Basily WW (2016):** Adolescent abuse in a community sample in Beni Suef, Egypt: prevalence and risk factors. *East Mediterranean Health J* 9:1003–10018.
- [3] **Almuneef M, Qayad M, Aleissa M, Albuhairan F (2014):** Adverse childhood experiences, chronic diseases, and risky health behaviors in Saudi Arabian adults: A pilot study. *Child Abuse and Negl* 38: 1787–1793.
- [4] **Shahrbabaki,M, Haghdooost,A, Sabzevari, L& Maryam Kalantari , L .(2015):** Prevalence of Child Abuse in 15-17 year old Students, *Zahedan Journal of Research in Medical Sciences ZJRMS*; 16 (5): 11-15.
- [5] **World Health Organization (WHO). (2013):** *Survey of adverse childhood experiences among young people in the Former Yugoslav Republic of Macedonia*. Copenhagen: WHO Regional Office for Europe.
- [6] **Gold, J., Wolan Sullivan, M., & Lewis, M. (2015):** The relation between abuse and violent delinquency: The conversion of shame to blame in juvenile offenders. *Child Abuse & Neglect*, 35(7), 459–467.
- [7] **U.S. Department of Health and Human Services. (2015):** *Child maltreatment 2011*.
- [8] **Tarullo, A. (2014):** Effects of child maltreatment on the developing brain. *CW360°*.
- [9] **Wilson, C. (2014):** The emergence of trauma-informed child welfare systems. *CW360°*.
- [10] **Goodyear BP, Fath A, Myers L (2011):** *Child sexual abuse. Handbook of Child Sexual Abuse: Identification, Assessment, and Treatment* pp: 1-28.
- [11] **Arie., S(2015):** WHO take sup issue of child abuse. *BMJ331 (7509):129*. Shalhoub-Kevorkian N. Disclosure of child abuse in conflict areas. *Violence against Women* 11:1263–1291.
- [12] **Ghenaim A. Al-Fayez • Jude U. Ohaeri •Osama M. Gado. (2015):** Prevalence of physical, psychological, and sexual abuse among a nationwide sample of Arab high school students: association with family characteristics, anxiety, depression, self-esteem, and quality of life
- [13] **Medi-Smart (2009):** "Nursing Legal Issues: Types of Law". Medi-Smart: Nursing Education Resources. N.p. 1994-2004. Web. 6 July.
- [14] **Bernstein DP, Fink L, Handelsman L, Foote J, Lovejoy M, Wenzel K, Sapareto E, Ruggiero J. (1995):** Initial reliability and validity of a new retrospective measure of child abuse and neglect. *Am J Psychiatry*. 151:1132–1136.
- [15] **Desoki ,M; Krausz ,M; Saddichhaa ,S;Strehlau ,V& Schuetza,C (2013):** translation, and score validation of Childhood Trauma Questionnaire (CTQ).
- [16] **Al-Zahrani,A (2005).** *Child Abuse and Neglect; Its Causes and Consequences in the Kingdom of Saudi Arabia*. Ali Hassan Al-Zahrani, Riyadh, Saudi Arabia. ISBN: 9960-47-454-2.
- [17] **Hatiboğlu, N. (2011):** The socio-demographic predictors of child abuse and relationships between

- child abuse, attachment patterns, and psychopathology in a group of Turkish university students. Istanbul, bilgi üniversitesi sosyal bilimler enstitüsü psikoloji yüksek lisans programı. dr. levent küey107629006
- [18] **Mrazek PB, Kempe CH** (2014): Sexually Abused Children and Their Families. Elsevier (Eds.).
- [19] **Malik F., (2010):** Determinants of Child Abuse in Pakistani Families: Parental Acceptance-Rejection and Demographic Variables. International Journal of Business and Social Science Vol. 1 No. 1;
- [20] **Abolfotouh, M. A. (2009):** Corporal punishment: Mother's disciplinary behavior and child's psychological profile in Alexandria, Egypt, Journal of Forensic Nursing 5, 5-17
- [21] **Al-Zboon E., Ahmad J. & Al-Dababneh Kh.(2015):** Prevalence and types of childhood abuse among special education students attending Jordanian Universities, International Journal of Adolescence and Youth,
- [22] **Al-Fayez G A., Ohaeri J U., Gado O M. (2012):** Prevalence of physical, psychological, and sexual abuse among a nationwide sample of Arab high school students: association with family characteristics, anxiety, depression, self-esteem, and quality of life. Soc Psychiatry Psychiatr Epidemiol (2012) 47:53–66.
- [23] **Sugaya L., Hasin DS., Olfson M., Lin KH., Grant B F., and Blanco C., (2012):** Child Physical Abuse and Adult Mental Health: A National Study New York, USA, Journal of Traumatic Stress 25, 1–9.
- [24] **Al-Mahroos F and Al-Amer E (2012):** Child physical abuse in Bahrain: a 10-year study, 2000-2009. EMHJ 19: 579-585.
- [25] **Al Eissa M., Almuneef M. (2010):** Child Abuse and Neglect in Saudi Arabia: Journey of recognition to implementation of national prevention strategies. Child Abuse & Neglect., 34: 28–33.
- [26] **Aboul-Hagag , Hamed ,A(2012):** Prevalence and pattern of child sexual abuse reported by cross sectional study among the University students, Sohag University, Egypt Egyptian Journal of Forensic Sciences (2, 89–96.
- [27] **Essali MA. (2008):** Protecting children from abuse and neglect in Syria (in Arabic). APNe.Book.Arabpsynet. <http://www.arabpsynet.com/apneBooks/eB13/eB13AMCont&Pref.pdf>).
- [28] **Ibrahim, N., Jalali,E., Al-Ahmadi,J, A. Al-Bar,A(2008):** Prevalence, Risk Factors and Outcome of Childhood Abuse Reported by Female University Students in Jeddah. J Egypt Public Health Assoc .Vol. 83 No. 5 & 6.
- [29] **Kacker L, Varadan S, Kumar P (Eds.) (2007):** Study on Child Abuse: India 2007. Ministry of Women and Child Development, Government of India.
- [30] **Al-Mahroos FT. (2007):** Child abuse and neglect in the Arab Peninsula. Saudi Medical Journal.; 28 (2): 241-8.
- [31] **Freiberg A., Donnelly H., and Gelb K., (2015):** Sentencing for child sexual abuse and assault in institutional contexts. Report for the Royal Commission into Institutional Responses to Child Sexual Abuse. Sydney.
- [32] **Frías, S., & Erviti, J. (2014):** Gendered experiences of sexual abuse of teenagers and children in Mexico. Child Abuse & Neglect, 38, 776–787
- [33] **Goldman, J; & Padayachi,U(1997)**The prevalence and nature of child sexual abuse in queensland, Australia Child Abuse Negl, 21 (5) (1997), pp. 489–498
- [34] **Afifi TO, MacMillan H, Boyle M, (2014):** Child abuse and mental disorders in Canada. Canadian Medical Association Journal; 186(9): E324-32.
- [35] **Felitti, V. J., & Anda, R. (2012):** The relationship of adverse childhood experiences to adult medical disease, psychiatric disorders, and sexual behavior: Implications for healthcare. In R. Lanius, E. Vermetten, & C. Pain (Eds.), the hidden epidemic: The impact of early life trauma on health and disease.
- [36] **Shin, S., & Miller, D. (2014):** A longitudinal examination of childhood maltreatment and adolescent obesity: Results from the National Longitudinal Study of Adolescent Health study. Child Abuse & Neglect, 36(2), 84–94.
- [37] **Harkness KL, Lumley MN, Truss AE (2013):** Stress generation in adolescent depression: the moderating role of child abuse and neglect. J Abnormal Child Psychol 36:421–432.
- [38] **Akmatov MK (2011):** Child abuse in 28 developing and transitional countries, results from the Multiple Indicator Cluster Surveys. Int J Epidemiol 40: 219-227.
- [39] **Elarousy W, Al-Jadaani M (2013):** Emotional abuse among children: a study in Jeddah, Saudi Arabia. East Mediterranean Health J 19: 869-875.
- [40] **Lamont A., (2010):** Effects of child abuse and neglect for children and adolescents, Australian. Institute of Family Studies NCPC Resource. Sheet<http://www.aifs.gov.au/nch/pubs/sheets/rs17/rs17.html>.
- [41] **Afifi T O., MacMillan, H L, Boyle M, Cheung K, Taillieu T, Turner S, and Sareen J. (2016):** Child abuse and physical health in adulthood. Statistics Canada, Catalogue no. 82-003-X • Health Reports, Vol. 27, no. 3, pp. 10-18, March.
- [42] **Shaffer, A. (2013):** Child maltreatment: Risk and resilience in ages birth to 5. CW360°. Retrieved from <https://www.cehd.umn.edu/ssw/casew/attributes/PDF/publications/ W360- CEED. Winter2013.pdf>.