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The Perception of Child Abuse and Neglect by Those Who Work with Children

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Abstract

The present cross-sectional study was carried out to assess the perception of child maltreatment, knowledge of its predictors, and the ability to identify indicators of abuse and neglect by a sample of professionals working with children in Baghdad. The study group consisted of 90 doctors working in primary health care centers, 75 primary school teachers and 35 kindergartners. Total of 200 interviewees were present at the time of the interview, with a response rate of 84.4%. A structured, self-administered questionnaire was used as the study instrument and the professionals were requested to complete this questionnaire. It consisted of demographic and professional data about participants and questions about their perception and recognition of child abuse and neglect. The study was carried out during the period from 15th of January through May 31st 2019, and was conducted in nineteen primary health care centers as well as eight primary schools and four kindergartens in Baghdad, which were all selected by the Simple Random Technique. The results show that primary health care doctors had a significantly higher perception with the highest being for "severe beating that leaves marks". 57.8% for abuse situations and "inattention to child's cleanliness". 84.4% for neglect situations. They showed greater capability of identifying indicators of child maltreatment, with the highest being for "stuttering" and "thumb sucking" 90% for both and the "child is very shy" which is recognized by more than 80% for the three study groups. Only one factor as a predictor of child maltreatment was recognized by more than 80% of the three study groups which is "marital and family problems". The present study may reflect a weakness in the area of child mental health care by professionals working with children which calls for the introduction of mental health training programs to professional working with children.

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Introduction

Children are our joy of today and our future of tomorrow [1]. The spectrum of parental feelings and behaviors toward children can extend from those that are positive and nurturing, to those that are negative, harmful, and culturally unacceptable. At the negative extreme are behaviors that result in child maltreatment [2].

It might be considered that it is the right of every child to be allowed to develop to his full potential. Child abuse could then be defined as any action or omission by an adult responsible for that child, which either temporarily or permanently interferes with his development [3].

Child abuse is defined as a recent act or failure to act by a parent or caretaker that results in the death, serious physical or emotional harm, sexual abuse, or exploitation of a child < 18 years of age, [4] it includes:

- **Physical abuse:** Is the deliberate application of force to any part of a child's body, which results or may result in a non-accidental injury [5].
- **Neglect:** Is the failure by the parents to provide essential requisites to a child's emotional, psychological and physical development. When child's essential needs for food, clothes, shelter, hygiene, medical treatment and protection from harm are not satisfied, physical neglect occurs. When a child's desire to feel loved, wanted, safe, and deserving is not addressed, it is called emotional neglect [5].
- **Sexual abuse:** Occurs when a child is used for sexual purposes by an adult or adolescent [5].
- **Emotional abuse:** Usually refers to persistent emotional neglect or rejection sufficient to impair a child's physical or psychological development. Although children may present with a single type of abuse, it is more common for children to suffer from a combination of several forms, nearly all physical abuse by parents has also emotional abuse because the abusing parent negates the trust placed on them by the child [6].

Child abuse is becoming recognized as a social problem in both developed and developing parts of the world, Nearly 3 in 4 children - or 300 million children - aged 2–4 years regularly suffer physical punishment and/or psychological violence at the hands of parents and caregivers, forced sexual intercourse has occurred in 120 million girls and young women under 20 [7]. Child abuse is the third leading cause of death in children between 1 and 4 years [8]

Child abuse occurs worldwide; the exact incidence is not known. It occurs across all cultures and at all racial, socioeconomic, and educational levels. [9] approximately three for every four children aged 2-4 years, or 300 million children, are subjected to physical and/ or psychological abuse by their parents [8].

Society, lack of parenting skills, the home environment, substance abuse, and untreated mental illness are all factors that contribute to abuse. [10]

Most abusive parents have themselves been abused as children [11]. Child abuse has long-term physical and mental health Consequences and the social and occupational outcomes can ultimately slow a country's economic and social development. [8]

A child who is abused is more likely to abuse others as an adult so that violence is passed down from one generation to the next. It is therefore critical to break this cycle of violence, and in so doing create positive multi-generational impacts. [8]

Different preventive strategies can be used to lower the prevalence of child abuse as well as the expenses and human suffering associated with it. Primary prevention includes the detection of risk factors for child abuse and the detection of cases of child abuse. For primary prevention, frontline workers need to become cognizant of child abuse risk factors such as domestic violence and poor parenting skills, and stimulate parents to seek preventive help. [12]

Aim

This study aims to evaluate the perception of child maltreatment, knowledge of its predictors, indicators of abuse and neglect by those who work with children.

Subject and method

Study design: A cross sectional study.

Settings: The period of the study extended from the 15th of January through May 2019. The study was carried out in nineteen primary health care centers (PHCCs), eight primary schools and four kindergartens in Baghdad city, which were all selected by the simple random technique.

Sample studied: A sample of 237 professionals (doctors, schoolteachers and kindergartners) who were present at the time of the interview was conveniently selected. The main consideration in defining the sample size for the present study was made according to the availability of time and number of professionals working in these schools and PHCCs. A total of 200 of the three above mentioned categories have completed the study questionnaire yielding a response rate of 84.4% (doctors 82.6%, primary school teachers 86.2%, and kindergartners 85.4%). The remaining 37 professionals were not included in the study because of their refusal or because of incomplete questionnaires. Therefore, the final sample constituted of (90) doctors, (75) primary school teachers, and (35) kindergartners.

Method: Participants who were available at the above facilities during the time of data collection were met in person. After explaining the aim of study, they were handed a well studied questionnaire, consisting of the following major sections:

- Demographic characteristics of participants, duration of work experience and training in child mental health.
- Perception of maltreatment in which 13 situations of child abuse and neglect were described.
- Recognition of predictors of child maltreatment encompassing 17 cultural, socioeconomic, individual and familial determinants of maltreatment.
- Identification of maltreatment indicators in which 20 relevant manifestations were presented.

Most of the information or questions included were also used by other studies [13, 15], certain adaptation and changes was made by the researcher, reviewed by the supervisor and was evaluated by senior (psychiatrist) in Baghdad teaching hospital. The questionnaire was pilot-tested among 21 teachers in two primary schools and one kindergarten, and some questions were subsequently modified for better clarity and comprehension.

Results

Tables 1 show the distribution of the three study groups according to the following demographic variables:

1. Age (in years): The proportions falling in the age group of 30-49 years was 76.7% of the doctors, 74.3% of kindergartners and 66.7% of teachers.
2. Sex: All of the kindergartners enrolled in this study were females, as well as the majority of teachers 97.3%, and more than half of the doctors 57.8%.
3. Years of experience: The work experience varied from one to 37 years, The highest proportion of the doctors 67.8% had work experience ranging from (5-19) year, while 48.6% of the kindergartners and 45.3% of schoolteachers had work experience within the same interval.
4. Mental health training: Most of teachers 88% and PHC doctors 72.2% had received no mental health training, while 57.1% of the kindergartners had received such training.

Table 1: Distribution of the study sample according to their demographic variables

Demographic Variables	Kindergarten teacher		School teacher		PHC doctors		Total	
	N	%	N	%	N	%	N	%
Age in years								
<30	2	5.7	18	24.0	6	6.7	26	13.0
30-49	26	74.3	50	66.7	69	76.7	145	72.5
50+	7	20.0	7	9.3	15	16.7	29	14.5
Sex								
Male	0	0	2	2.7	38	42.2	40	20.0
Female	35	100.0	73	97.3	52	57.8	160	80.0
Years of experience								
<5	8	22.9	9	12.0	3	3.3	20	10.0
5-19	17	48.6	34	45.3	61	67.8	112	56.0
20+	10	28.6	32	42.7	26	28.9	68	34.0
Mental health training								
No	15	42.9	66	88.0	65	72.2	146	73.0
Yes	20	57.1	9	12.0	25	27.8	54	27.0
Total	35	100	75	100	90	100	200	100

Table 2: Professionals' perceptions of maltreatment situations

Perception of Maltreatment Situation	Kindergarten teacher		School teacher		PHC doctors		(χ^2)	P value
	(n=35)	%	(n=75)	%	(n=90)	%		
Perception of child abuse situations								
Burning a child for a misbehavior	10	28.6	16	21.3	39	43.3	9.3	0.009
Severe beating that leaves marks	10	28.6	29	38.7	52	57.8	10.9	0.004
Forcing a child to take a job while attending school	4	11.4	30	40.0	46	51.1	16.5	<0.001
Cursing the day a child was born	2	5.7	18	24.0	43	47.8	23.8	<0.001
Locking a child alone at home for long hours	4	11.4	9	12.0	15	16.7	0.97	0.62^{NSJ}
Perception of neglect situations								
Reluctance to provide protective clothes in winter	2	5.7	23	30.7	40	44.4	17.4	<0.001
Inattention to child's cleanliness	18	51.4	47	62.7	76	84.4	16.7	<0.001
Sending a child without breakfast or money to buy food	15	42.9	35	46.7	43	47.8	0.25	0.88^{NSJ}
Refusal to provide medical care for a child with chronic illness	2	5.7	1	1.3	25	27.8	26.2	<0.001
Ignoring teachers' instruction concerning the academic progress of the child	5	14.3	22	29.3	47	52.2	18.6	<0.001
Not motivating a child to attend school regularly when he shows reluctance	13	37.1	28	37.3	60	66.7	17.1	<0.001
A child harms himself with a knife in his mother's presence	3	8.6	6	8.0	12	13.3	1.4	0.5^{NSJ}
Leaving a 10 year-old child to drive a car alone	3	8.6	9	12.0	33	36.7	19.0	<0.001

Table 2 shows the professionals' perceptions of maltreatment situations. Regarding the perception of child abuse, the PHC doctors had always shown higher percentages for various types of child abuse than teachers, the highest being for "severe beating that leaves marks" 57.8%. Teachers came next for all perceptions except for "burning a child for misbehavior" where they were exceeded by kindergarteners. All the findings were statistically significant except for "locking a child alone for long hours".

Doctors had always shown higher percentages for the perception of various types of neglect than teachers, the highest being for "inattention to child's cleanliness" 84.4%. Teachers came next for all perceptions except for "refusal to provide medical care for a child with a chronic illness" 1.3%, and "a child harms himself with a knife in his mother's presence" 8%, where they were exceeded by kindergarten teachers.

All the results in this table were statistically significant except for "sending a child without breakfast or money to buy food", and "a child harms himself with a knife in his mother's presence".

Table 3 shows that the doctors have always higher percentages for recognition of various factors than teachers. The highest recognition was for "marital and family problems" 94.4%, and the lowest being for "the child is a boy" 10%. Teachers exceed doctors' recognition of four factors which were: "low level of parents' education" 80%, "the mother will lose her job because of the child" 44%, "parents' perception of the child as personal property" 48%, and "unrealistic expectation of the child" 57.3%.

Teachers came next for all types of recognition, except for "the marital and family problems" 84%, "the child was unwanted at the time of pregnancy" 30.7%, and "the child is a girl" 26.7% in which they were exceeded by the kindergartners, who had recognized "the child is a boy" in a percentage more than the other two groups 20%.

There were statistically significant difference between the study groups for parental substance abuse, emotional immaturity of the parents, parental unemployment, psychopath of one of the parents, the mother hates the child's father, and the child is a girl

Table 3: Professionals' recognition of the risk factors of child maltreatment

Risk factors of child abuse/neglect	Kindergarten teacher		School teacher		PHC doctors		(χ^2)	P value
	(n=35)	%	(n=75)	%	(n=90)	%		
Marital and family problems	31	88.6	63	84.0	85	94.4	4.8	0.09 ^[NS]
Parental substance abuse	14	40.0	32	42.7	69	76.7	24.7	<0.001
Emotional immaturity of parents	14	40.0	40	53.3	64	71.1	11.7	0.003
Early marriage of parents	12	34.3	32	42.7	47	52.2	3.7	0.16 ^[NS]
Parental unemployment	25	71.4	61	81.3	82	91.1	7.9	0.019
Extreme poverty	27	77.1	63	84.0	82	91.1	4.5	0.11 ^[NS]
Parents were victims of maltreatment	16	45.7	39	52.0	51	56.7	1.3	0.53 ^[NS]
Low level of parents' education	23	65.7	60	80.0	68	75.6	2.6	0.27 ^[NS]
Psychopath of one of the parents	17	48.6	45	60.0	74	82.2	16.6	<0.001
The child was unwanted at the time of pregnancy	11	31.4	23	30.7	40	44.4	3.9	0.14 ^[NS]
Parents' perception of the child as personal property	9	25.7	36	48.0	36	40.0	4.9	0.09 ^[NS]
Unrealistic expectations of the child	12	34.3	43	57.3	46	51.1	5.1	0.08 ^[NS]
The mother will lose her job because of the child	12	34.3	33	44.0	38	42.2	0.96	0.62 ^[NS]
The mother hates child's father	9	25.7	30	40.0	52	57.8	11.9	0.003
The child is disabled	9	25.7	28	37.3	38	42.2	2.9	0.23 ^[NS]
The child is a girl	10	28.6	20	26.7	49	54.4	15.3	<0.001
The child is a boy	7	20.0	8	10.7	9	10.0	2.6	0.27 ^[NS]

Table 4 shows the ability of professionals in the three study groups to identify indicators of child maltreatment. PHC doctors exceeded the other two groups in the identification of about 13 indicators, with the highest being for "stuttering", "thumb sucking", and "is very shy" at 90% for each. Teachers exceeded the other two groups in the identification of the indicator, "seeks love and affection from the surrounding" 81.3%, "steals food or money to buy food" 62.7%, "fails to express pain" 49.3%, and "falls asleep in class" 50.7%. Kindergartners exceeded the other two groups in the identification of "female child is scared when an adult male approaches her" 40%, and "the presence of injuries to the child's body" 40%. The findings were not statistically significant except for "truancy from home, steals food or money to buy food, wets the bed after a long period of control, stuttering, thumb sucking, and regression in the child's development".

Table 4: identified indicators of child maltreatment

Indicators of child abuse	Kindergarten teacher		School teacher		PHC doctors		(χ ²)	P value
	(n=35)	%	(n=75)	%	(n=90)	%		
Truancy from home	8	22.9	49	65.3	75	83.3	41.1	<0.001
Seeks love and affection from the surrounding	26	74.3	61	81.3	66	73.3	1.6	0.46 ^[NS]
Steals food or money to buy food	11	31.4	47	62.7	41	45.6	10.3	0.006
Attempts suicide	1	2.9	2	2.7	5	5.6	1.0	0.6 ^[NS]
Aggression dominates the child's behavior	23	65.7	48	64.0	72	80.0	5.8	0.05 ^[NS]
Very angry	22	62.9	50	66.7	68	75.6	2.6	0.28 ^[NS]
Is withdrawn	21	60.0	42	56.0	56	62.2	0.66	0.72 ^[NS]
Cry all the time	18	51.4	37	49.3	52	57.8	1.2	0.54 ^[NS]
Female child is scared when an adult male approaches her	14	40.0	22	29.3	30	33.3	1.2	0.54 ^[NS]
Wets the bed after a long period of control	14	40.0	25	33.3	75	83.3	46.7	<0.001
Defecation in clothes	13	37.1	27	36.0	48	53.3	5.8	0.06 ^[NS]
Does not react with others	19	54.3	38	50.7	49	54.4	0.26	0.88 ^[NS]
Fail to express pain	14	40.0	37	49.3	42	46.7	0.84	0.66 ^[NS]
Refuse speaking with others	20	57.1	45	60.0	57	63.3	0.46	0.8 ^[NS]
Stuttering	25	71.4	57	76.0	81	90.0	8.2	0.017
Is very shy	29	82.9	61	81.3	81	90.0	2.7	0.26 ^[NS]
Thumb sucking	27	77.1	54	72.0	81	90.0	9.0	0.011
Presence of injuries to the child's body	14	40.0	23	30.7	30	33.3	0.94	0.63 ^[NS]
Regression in the child's development	12	34.3	33	44.0	61	67.8	15.3	<0.001
Falls asleep in class	14	40.0	38	50.7	37	41.1	1.9	0.39 ^[NS]

Table 5 shows the scores obtained by the professionals in the three disciplines on the perception of abuse scale, neglect scale, knowledge scale of predictors and the scale for identification of indicators which were significantly and positively correlated with each other. The highest level of correlation was found between the perception scale for child's abuse with that of neglect $r=0.934$. while the duration of work experience did not correlate significantly with any other scale.

Table 5: Correlation between scores obtained on the developed scales, duration of working experience and the rate of child maltreatment

	Years of experience	Perception scale for child's abuse situation	Perception scale for child's neglect situation	Knowledge Scale of predictors	Scale for identification of indicators
Age in years	.827(**)	-0.008	0.032	0.02	0.098
Years of experience		-0.022	0.01	-0.02	0.094
Perception scale for child's abuse			.934(**)	.213(**)	.299(**)
Perception scale for child's neglect				.250(**)	.349(**)
Knowledge Scale of predictors					.434(**)

Discussion

This study shows female excess, which was somewhat comparable to the data reported by a study conducted in Egypt on 459 physicians, teachers and social workers during 1998, in which most of the teachers were females, but the majority of the physicians were males [13].

The majority of the studied physicians in the present study did not receive mental health training, while about fifty of the kindergarten teachers and had received such training; however, do not provide information about the content of their training. A study conducted in Miami-Dade County, USA during 2004 on schoolteachers and kindergartners had shown that out of the 200

respondents, 80% were females and 20% were males. Only 34% of the teachers reported that child abuse was covered in their pre-service college training [14].

In the present study, regarding various abuse situations, the PHC physicians had always shown higher percentages than teachers, which were comparable to the findings of the Egyptian study in 1998, which showed that all stated situations of abuse were perceived as a form of child maltreatment by over 80% of the study group of physicians and schoolteachers. The highest was seen for burning a child for misbehavior 93.5% and the lowest for forcing a child to take a job while attending school 82.8% [13].

Regarding neglect situations in the present study, the PHC physicians had also shown higher percentages than teachers throughout, these results were comparable with the Egyptian study, which found a level of agreement of over 80% among physicians on all situations describing forms of neglect, in which they exceeded teachers [13]. Teachers' responses in the present study were very low in comparison with the Egyptian study where teachers' responses were over 70% excluding that for "leaving a 10 years old child to drive a car alone" 42.4% [13].

Physicians in Kuwait showed higher percentages of perception regarding different situations of abuse and neglect than physicians in the present study. The highest was for "refusal to give adequate treatment to a chronically sick child" 89.7% and the lowest being for "parents allowing a 10 year old child to drive a car alone" 43.5% [15]. This low perception of Iraqi professionals, in comparison with Kuwaiti physicians and Egyptian professionals may be due to the lack of adequate training on child abuse and neglect during undergraduate education and continuing education, not comprehending it as their duty to interfere and the absence of a reliable system and responsible authorities to adequately deal with these cases.

A study conducted in Baghdad by Al-Mashhadany during 2004 revealed that 37.3% of a total sample 300 children were forced by their parents to work in the street*.

The study conducted in Boston, USA reported an important deficiency of adequate knowledge and proper attitude among pediatric and family medicine residents in the diagnosis and management of child abuse [16]. The results were also comparable with another study conducted in Singapore during 1998, which showed that out of the 168 family physicians who have participated in the survey, the highest level of agreement 98.7% was found for "burning a child with cigarettes" while for "leaving a child alone in the house" 26.5% [17].

Regarding the factors of recognition of child abuse, the results of the present study were comparable with the findings of a study conducted in Egypt, [13] in which physicians' recognition of the risk factors for child maltreatment exceeded that of teachers. The highest percentage was for "marital and family problems" 96.2%, and the lowest for "the child being a boy" 11.5%, except for two factors in which they were exceeded by teachers which were; "low level of parents' education" 62.5% and "early marriage of the parents" 54.2%.

Girls were more frequently subjected to maltreatment than boys, probably due to their lower status in Arab societies [18]; female juvenile delinquents were more frequently victim of sexual and physical abuse and had a history of neglect and maltreatment than male juvenile offenders [19]

However, contrary to others, Israeli boys reported higher rates of abuse, including sexual abuse, compared to girls. [20]

The results of the present study showed that, being a disabled child is not a cause for being abused by more than 60% of the studied sample. It is known that children with disabilities constitute a disproportionately high percentage of abused children [21].

The poor results of teachers' responses are similar to the results of a study conducted at two Dutch local health services organizations, in which teachers were found to be the least knowledgeable about child abuse when compared with mental health professionals and physicians [22].

* "Personal communication, Dr. Mohammad Al Hsooni, MoH/Iraq".

The present study had shown that physicians are more able to identify indicators of child maltreatment apart from several non-physical indicators such as; "seeks love and affection from the surrounding, steals food or money to buy food, fails to express pain and falls asleep in class", in which teachers exceeded them.

The effects that the biomedical perspective might have on physicians' approach towards situations of child maltreatment have been illuminated in this study. The variations in the physicians' perception of the level of various types of abuse and neglect may be explained by their degree of compatibility with the biomedical perspective. Therefore, situations which fall within this perspective were ranked higher than situations which were not (i.e. psychological abuse and educational neglect). It should be noted that truancy was ranked higher by physicians, despite that this subject is not generally within their responsibility. It could be that the general societal views on truancy had affected physicians' perceptions of these situations. Their views may also be influenced by the numbers of schoolchildren coming to the PHC center for sick leaves even when healthy in order to escape school.

A concern which arises out of these findings is that there may be situations in which certain types of abuse or neglect could be overlooked by doctors, despite the fact that they may have developmental harm on the child, such as situations of psychological abuse. Another concern is that in diagnosing maltreatment, physicians may focus on physical symptomatology and to the exclusion of psychological difficulties which are often the outcome of maltreatment and could be the key factor in the identification of such cases. Similar findings were seen in a study conducted in the occupied land during 1998 in which 135 physicians responded to a cross-sectional survey. The results had shown that situations which fall within the biomedical perspective were ranked as containing a higher level of risk to the child [23].

Another study also conducted in the occupied land on medical students during 1996 supported the idea that there is a need to raise the awareness of physicians to the potential significance of non-physical indicators in the diagnosis of child maltreatment [24]. Otherwise, professionals not familiar with these signs might not recognize particular patterns of emotional responses or behaviors which may be essential for the identification of maltreated children [25].

In the present study, kindergarten teachers exceeded the other two groups in the identification of injuries to the child's body. This may be due to the fact that children in the kindergarten are exposed to burning and beating more than other age groups, and that their teachers are in closer contacts to them than older children. This disagrees with the results of a study conducted during 2003 on 59 employees of various public schools in Northeast Arkansas, USA. This study found that teachers are more likely to detect behavioral changes than physical signs of abuse, such as bruises, which are often covered by clothing. [26]

The present study showed that the scores obtained by professionals in the three disciplines on the perception of abuse scale, neglect scale, knowledge scale of predictors and the scales for identification of indicators were significantly and positively correlated with each. On the other hand, the years of working experience did not correlate significantly with any other scale studied. This result was comparable with that of the Egyptian study during 1998, which found that the scores obtained by the professionals in the disciplines studied, on the perception and identification scales were significantly and positively correlated. On the other hand, the duration of work experience was significantly and negatively correlated with their scores on the perception and identification [13]. A study conducted in the USA during 2004 found that the number of years working as a teacher did not correlate significantly with any other factor [14].

In contemporary society, we deplore the idea that children were commonly mistreated, and we collectively believe the future of our society depends upon the proper care of our young. [27]

Conclusions

1. The perception of symptoms and signs of child abuse and neglect was found to be inadequate among the majority of the studied doctors and teachers.

2. Doctors were found to be more knowledgeable about child maltreatment when compared with teachers.
3. Teachers relied both on physical signs and behavioral changes as evidence that abuse has occurred. Physicians in contrast, relied primarily on physical signs as indications of child abuse.
4. There was no obvious trend in the mean perception scale for different items with duration of professional experience.
5. Only a small percentage of professionals who work with children had training in the area of child maltreatment.

Recommendations

1. improving doctors' and teachers' perception towards child maltreatment which could be achieved through:-
 - a) Inclusion of mental health training as well as training programs in social and behavioral sciences in undergraduate curricula of doctors. Teacher training programs should all include the subject of child development, abuse and neglect.
 - b) Graduate doctors should attend mental health education courses aiming to improve their perception of child abuse and neglect. There is a need to integrate psychosocial perspective into physicians' primarily biomedical approach towards the diagnosis of maltreated children.
 - c) Teachers' training should be well addressed, because of their close contact with children, families and the community. They can act as a medium for population-wide interventions to provide women and the community with correct information about child abuse and neglect.
2. Strengthening the role of health care provider at the level of primary health care centers (preventive and screening approach) to detect cases of child maltreatment as early as possible, so as to minimize the consequences for the child and to launch the necessary services as soon as possible.
3. Training in parenting programs can educate parents on child development and help them improve their skills in managing their children's behavior.
4. More research is recommended in this area.

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ادراك إساءة معاملة الأطفال وإهمالهم من قبل أولئك الذين يعملون مع الأطفال

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المستخلص

أجريت الدراسة المقطعية الحالية لتقييم تصور سوء معاملة الأطفال، ومعرفة تنبئها، والقدرة على تحديد مؤشرات سوء المعاملة والإهمال من قبل عينة من المهنيين العاملين مع الأطفال في مدينة بغداد. تكونت مجموعة الدراسة من 90 طبيباً يعملون في مراكز الرعاية الصحية الأولية، و 75 معلماً ابتدائياً و 35 روضة أطفال، بإجمالي 200 ممن كانوا حاضرين وقت المقابلة، بنسبة استجابة 84.4%. تم استخدام استبيان منظم ذاتياً كأداة للدراسة وطلب من المتخصصين إكمال هذا الاستبيان. وهو يتألف من بيانات ديموغرافية ومهنية حول المشاركين وأسئلة حول تصورهم والاعتراف بهم تجاه إساءة معاملة الأطفال وإهمالهم. أجريت الدراسة خلال الفترة من 15 كانون الثاني حتى 31 أيار 2019، وأجريت في تسعة عشر مركزاً للرعاية الصحية الأولية بالإضافة إلى ثماني مدارس ابتدائية وأربع رياض أطفال في مدينة بغداد، تم اختيارها جميعاً بطريقة عشوائية بسيطة. أظهرت النتائج أن أطباء الرعاية الصحية الأولية لديهم تصور أعلى بشكل ملحوظ مع أن أعلى مستوى هو: الضرب المبرح الذي يترك علامات "57.8% لحالات الإساءة و عدم الانتباه إلى نظافة الطفل" 84.4% لحالات الإهمال. أظهرت قدرة أكبر على تحديد المؤشرات من سوء معاملة الأطفال، وكانت أعلى نسبة هي "التلعثم" و "مص الإبهام" 90% لكليهما و"الطفل خجول جداً" وهو ما تم التعرف عليه من قبل أكثر من 80% لمجموعات الدراسة الثلاث. تم التعرف على عامل واحد فقط كمتنبئ لسوء معاملة الأطفال من قبل أكثر من 80% من مجموعات الدراسة الثلاث وهو "المشاكل الزوجية والعائلية".

قد تعكس الدراسة الحالية ضعفاً في مجال رعاية الصحة العقلية للأطفال من قبل المتخصصين العاملين مع الأطفال مما يستدعي إدخال برامج تدريب على الصحة النفسية للمهنيين العاملين مع الأطفال.

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