Prevalence and Risk Factors of Childhood Abuse among Hadhramout University Students in Yemen

Fauzia Faraj Bamatraf

MD, MSc, Associate Professor of Community Health, Department of Community Medicine College of Medicine and Health Sciences, Hadhramout University, Republic of Yemen

Correspondence:

Fauzia F Bamatraf

Associate Professor of Community Health,

Department of Community Medicine College of Medicine and Health Sciences,

Hadhramout University. Republic of Yemen Mobile: +967 735306070

Email: ffbamatraf2008@yahoo.com

Received: March 2019; Accepted: April 2019; Published: May 1, 2019

Citation: Fauzia F Bamatraf. Prevalence and Risk Factors of Childhood Abuse among Hadhramout University Students in

Yemen. World Family Medicine. 2019; 17(5): 42-54. DOI: 10.5742MEWFM.2019.93645

Abstract

Background: Violence against children has long been recognized as a social problem throughout the world, and Yemen is no exception. This study aimed to determine the prevalence of various forms of child abuse, as well as identifying its risk factors and outcomes among Hadhramout university students in Al- Mukalla city, Hadhramout Governorate, Yemen

Methods: A cross-sectional analytical study was conducted in five colleges at Hadhramout university in the educational year 2015-2016. A multi-stage sampling method was used for the selection of students. Data was collected by using Standardized Arabic Version of Child Abuse Screening Tool for Young Adults aged 18-24 years

Results: Overall, 395 students, (57.5%) were males. Of the students (88.4%) reported exposure to some form of child abuse in the form of emotional (79.2%), physical (75.7%) or sexual abuse (35.2%) of which 12.7% were reported to have been forced into sexual assault. Parents were the main perpetrators of physical and emotional abuse, while persons outside the home were the main perpetrator of sexual abuse. The results showed significant association between child abuse, sex of students and the family environment. Male students were significantly more likely to be physically, emotionally and sexually abused. Child abuse was also significantly more prevalent among students coming from homes

with domestic violence and psychological problems among parents. The main outcomes of exposure to child abuse were poor educational performance, anxiety or nightmares, depression, becoming prone to suicide, violent behavior, fear of the other sex and want revenge on the abusers.

Conclusion and Recommendations: Child abuse is a common phenomenon, with long-term adverse effects among Hadhramout university students. Early diagnosis and preventive educational interventions can play a critical role in reducing the prevalence of child abuse and its harmful consequences.

Key words: Child abuse, risk factors, outcomes, Hadhramout university students, Yemen

Introduction

Violence against children has long been recognized as a social problem throughout the world, and Yemen is no exception. Every year millions of children around the world are victims and witnesses of abuse. (1) Published studies have indicated that violence against children is a major concern for public health around the world. (2,3,4) Various international studies have found that 25-50% of all children have suffered severe and frequent violence, although rates may vary by country. (5,1) Every year, 40 million children aged 15 and below worldwide are neglected or abused. (6) The World Health Organization estimated that about 1,300 children die annually throughout Europe and Central Asia after being abused by their caregivers. (7) Globally, about 20% of women and 5-10% of men report being sexually abused in childhood, while 23% of the people reported being physically abused as children. (8)

According to the World Health Organization (WHO) definition "Child maltreatment is defined as all forms of physical and/or emotional ill-treatment, sexual abuse, neglect or negligent treatment or commercial or other exploitation, resulting in actual or potential harm to the child's health, survival, development or dignity in the context of the relationship of responsibility, trust or power" (6). Child abuse is a complex process that results from the interaction of certain risk and protection factors at four main levels: individual, family, societal and community level (9). These risk factors are not present in all social and cultural contexts but provide an overview when attempting to understand the causes of child abuse, such as age and gender (10,11) Other risk factors for child abuse by parents or caregivers have also been mentioned in many studies such as low education, age of young parents, unemployment, family environment, and mental disorders of parents such as depression, anxiety and drug abuse. (12,13) The impact of social and demographic risk factors on abuse varies according to the type of abuse. This lack of uniformity in the effects of social and demographic risk factors indicates that each type of abuse has somewhat distinct causes. (14) However, Kellogg et al. Mentioned that child abuse is the result of a set of interrelated familial, social, psychological and economic variables. (15)

Child abuse involves serious physical and psychological consequences that negatively affect a child's health and well-being in general. (16) The child is definitely affected by abuse regardless of form or severity. It weakens the child's physical and mental health and affects his or her risk behavior, resulting in different negative consequences. The life-long consequences of child abuse were found to impair the health of the present and future of children and their well-being in each country and the cultural context in which it was investigated. (17)

There is a paucity of studies on child abuse in the Arab world, which have very different family structures from Western countries that prevail in literature. (18) Arab countries are generally theocratic states, with families

that are polygamous, sexually segregated, and extended. Children in the Arabian Peninsula are exposed to all forms of child abuse and neglect. However, the problem is ignored or even tolerated and accepted. Therefore, abused children continue to suffer and most aggressors go free, without punishment and without treatment. (19)

In Yemen, the living conditions for children are dreadful; between violence, poverty, and health problems, dangers of death are their everyday life. Children can be a victim of child abuse in their families or their school or in the general environment. These types of abuse can have serious consequences for their mental and physical health. (20) Child abuse is a violation of the fundamental human rights of the child and is the result of a combination of family, social, psychological and economic factors. Although the problem of child abuse and human rights violations is one of the most important issues on the international human rights agenda, in Yemen, until recently, the government did not intervene and child rights and protection are now being given importance. (20) Moreover, there are certain types of traditional practices that are accepted throughout the country, whether knowingly or unknowingly are to the extent of child abuse. The current socio-economic and political conditions make some children vulnerable and more at risk of abuse, exploitation and neglect. (20) In Yemen documented studies on child abuse are very rare. According to our knowledge, relatively few studies have addressed the problem of child abuse in Yemen, but none of these studies have studied all forms of abuse, particularly sexual abuse and related factors and their consequences, which so far might lead to underestimation of the size of the problem (21-24).

This study is the first attempt to determine the prevalence of various forms of child abuse physical, emotional and sexual abuse, as well as identifying it is risk factors and outcomes among Hadhramout University students in Al-Mukalla city Hadhramout Governorate, Yemen.

Materials and Method

This was a cross-sectional study conducted at Hadhramout University in Al-Mukalla city, the capital of the Hadhramout Governorate, Yemen. The target population consisted of all Hadhramout University students who were available during the academic year 2015-2016 of males and females, aged between 18-24 years old and Yemeni nationality who were invited to participate in the study. A sample size of 384 students was determined by using recommended statistical methods. (25) It was increased to 400 students for an expected non-response and to avoid any missing among participants during the data collection.

A multi-stage random sampling was performed. In the first stage, five colleges were randomly selected which were College of Medicine and Health Sciences, Sciences, Engineering and Petroleum, Arts and Girls. In the second stage, two departments from each college also were randomly selected. In the third stage, the sample size (400)

was proportionally distributed according to the proportion of students in the selected departments for each college. Simple random sampling was applied to select students from each department in selected colleges.

The data were collected by self-reported questionnaire, which consist¬ed of two parts. The first part was a sociodemographic questionnaire developed by the researcher includ¬ing information about students' personal data (gender, age), education and employment status of parents, family income and questions about family structure (living with parents, or with others), number of people living in the same room (Crowding Index). The family living environment, alcohol abuse or drug addiction among parents was also included. Parents at home who argue with each other, hit or hurt each other, the presence of psychiatric problems among one or both parents were also inquired about.

In the second part a stan-dard Child Abuse Screening Tool (ICAST) self-reported Arabic version questionnaire was used (32). The questionnaire is a multi-country collaborative questionnaire developed by the International Society for the Prevention of Child Abuse and Neglect (ISPCAN) with the assistance of UNICEF and the Oak Foundation. It has been reviewed by more than 100 professionals from different countries, translated into many languages including Arabic, and tested for validation and reliability. It is structured to report all forms of violence against children, more accurately and more representative of the true scope of the problem. This form retrospectively inquires of the the young adult about exposure to any type of child abuse before the age of 18 years. The questionnaire inquired about exposure of students to physical, emotional and sexual abuse. (32)

Emotional abuse was investigated by asking each student about any history of being insulted or criticized, hearing that he/ she was not loved by anyone, or was refused (one wished that he was not born or was dead), or were threatened. In terms of physical abuse, each student was asked about any history of being beaten, punched, or beaten with something that left marks such as a stick, whip, belt etc., kicked, severely shaken, burned, slapped and stabbed. In addition, students were asked about exposure to anyone placing chili in any part of their body to cause pain. With regard to sexual abuse, students were asked about the occurrence of inappropriate sexual behavior by the abuser during childhood, such as being spoken to in a sexual way by an abuser, fondled (their private parts) by an offender, forced to watch /or fondle an offender's private parts, forced to show themself naked, forced to look at pornography or forced into Contact Sexual Assault.

The type of questions was yes / no. Students who answered with "Yes" to any of the above questions (about physical, emotional, and sexual abuse) were asked to report the types of abuse they had experienced and the relationship of the offender to the students (to detail who did it). In addition, the abused students were asked about the impact (outcome) of abuse on their life as to whether

they have had poor educational performance, anxiety and nightmares, depressive symptoms, pain of unknown origin, fear of other sex, violent behavior acquired, thinking or attempted suicide or wishing revenge.

A pilot study was conducted among 20 students from two colleges not included in the main study, to ensure that the questionnaire items were clear, understandable and culturally acceptable. Data collected were checked for accuracy and completeness and were coded and entered into the Statistical Package for Social Sciences (SPSS) software version 20. Firstly descriptive statistics was used to present the frequencies and percentages for categorical variables, followed by bivariate and multivariate analysis in order to determine statistical association between the outcome and explanatory variables. Variables which showed significant association in the bivariate analysis were entered into multivariate logistic regression. Logistic regression analysis was done by calculating the adjusted Odds Ratios [aORs], and 95% confidence intervals and P-value level <0.05 was considered significant throughout the study.

Project approval was obtained from Hadhramout University, College of Medicine (HUCOM) and Community Medicine Department. A letter from the College of Medicine to the Dean of each of the five selected colleges was obtained to facilitate the process of data collection. The team followed ethical standards of confidentiality in participation. The objectives of the study were explained to the participants taking into account the moral and social difficulties, and each student was voluntarily invited to participate in the study. If the student agreed to participate, informed verbal consent was obtained from him/ her after confirming that the information to be collected would be used for scientific and research purposes only and the participants were asked not to write their personal identity information. In addition, each student received an envelope with the questionnaire to facilitate the return of completed questionnaire to a special ballot box that had been prepared in advance in each college library selected in the study to better ensure keeping of privacy and confidentiality in the study.

Results

A total of 400 questionnaires were distributed among Hadhramout University students, and all the questionnaires were received which gave a response rate of (100%) in the study. However, 5 questionnaires were excluded because the data was incomplete. The final number of participants was 395.

Table 1 shows the socioeconomic characteristics of the study population. Out of 395 students studied, males constituted the highest proportion (57.5%). Students' ages ranged from 18 to 24 years. The majority (61%) of them were in the age group 20-21 years. More than (70%) of the students' mothers were illiterate (can't read and write) and (87.1%) housewives who do not work outside the home at all, while the majority of students' fathers (90.1%) were educated and employed (94.9%). About two thirds of the

student families (65.1%) had a monthly income > 60000 Y/ R. Most students (84.6%) live with their parents and (38%) live with more than two persons in same room in their home. The same table shows the family environment of students, where 14.1% of parents used alcohol or had

drug addiction, 44.8% were arguing and 25.1% hit or hurt each other. While 9.9% of students lived with their parents where one or both suffers from psychological problems at home, and they use guns or knives to hurt or intimidate someone.

Table 1: Socio-demographic characteristics and family environment of Hadhramout University students

Variable	Frequency	%
Sex of the student		
Male	227	57.5
Female	168	42.5
Age group (years)		
18-19	25	6.3
20-21	241	61.0
22-24	129	32.7
Father's educational level		
Educated	356	90.1
Non educated	39	9.9
Mother's educational level		
Educated	115	29.1
Non educated (Illiterate)	280	70.9
Father's occupation		
Employed	375	94.9
Un employed	20	5.1
Mother's occupation		
Employed	51	12.9
Un employed (Housewife)	344	87.1
Family income in Y/R*		
≤ 60000	138	34.9
>60000	257	65.1
Crowding index		
1-2 person/room	245	62
>2 persons/room	150	38
Living situation		
With parents	334	84.6
With others	61	15.4
Alcohol abuse or drug addiction among one or both parents		
Yes	56	14.1
No	339	85.9
Parents at home argue with each other	111111111	
Yes	177	44.8
No	218	55.2
Parents in home hit, or hurt each other		
Yes	99	25.1
No	296	74.9
Psychological problems among parents		
Yes	39	9.9
No	356	90.1

^{*}Y/R = Yemeni Riyal (one US dollar = 570 Yemeni Riyals)

As shown in Table 2, of 395 students, 349 (88.4%) reported having experienced at least one form of abuse (physical, emotional or sexual) before 18 years of age. Of the three forms of child abuse measured in this study, 20.1% of the students reported that they were exposed to only one form of abuse, 44.4% were exposed to two forms, and 35.5% of students were exposed to all three forms of childhood abuse. The prevalence of emotional abuse among the students was 79.2%, physical abuse was 75.7%, and 35.2% were victims of sexual abuse. The most common types of emotional abuse reported by students were shouting or screaming, criticized or insulted (called by dirty names) and rejected (wished that he/she was never born) at (79.9, 70.7% and 25.2% respectively). The most common physical abuse type was hit/punched, kicked, hit with an object like stick, whip or belt and face slapped, (71.6%, 67.2%, 59.9% and 58.2%) respectively. However, only 12.7% and 4.0% of the students were subjected to physical abuse of a serious nature, including burning or placing chili in any part of the body and threatened with stabbing with knife, respectively. (Table 2)

With regard to sexual abuse, 79.9% of the students reported that they had been sexually spoken to by the abuser (verbal harassment), while 25.9% were forced to touch or view private body parts of the abuser, 20.9% of students had their private body parts fondled by an abuser, and 18.7% were forced to watch pornographic movies. On the other hand, 21.6% of them reported that they had been sexually assaulted. (Table 2)

Table 2: Distribution of students' reported experience of different forms of abuse

Variable	Frequency	Percentage					
Exposed to at least one form of child abuse (overall)	349	88.4					
One form	70	20.1					
Two forms	155	44.4					
Three forms	124	35.5					
Emotional abuse							
Exposed to emotional abuse (Total)	313	79.2					
Types of emotional abuse*							
Shouted or screamed at	250	79.9					
Criticized or insulted (called by dirty names)	221	70.6					
Heard that he/she wasn't loved	38	12.7					
Rejected: wished that he/she was never born	79	25.2					
Threatened to be abandoned	60	19.2					
Threatened to be hurt or killed	46	14.7					
Physical punishment							
Exposed to physical abuse (Total)	299	75.7					
Types of physical abuse *							
Kicked	201	67.2					
Hit/punched	214	71.6					
Hit with an object like stick, whip or belt	179	59.9					
Slapped face	174	58.2					
Burned or put chili in any part of body	38	12.7					
Threatened or Stabbed with a knife	12	4.0					
Sexual abuse							
Exposed to sexual abuse (Total)	139	35.2					
Types of sexual abuse*							
Spoken to in a sexual way by abuser	111	79.9					
Forced to watch pornographic movies	26	18.7					
Fondled victim's private body parts by abuser	29	20.9					
Forced to view or touch abuser's body private parts	36	25.9					
Take photos when the victim is naked (nude photos)	2	1.4					
Forced for contact sexual assault	18	12.7					

^{*}Each question was asked separately

Table 3 revealed that, parents were the main perpetrators of emotional and physical abuse, while the persons outside the home were the commonest perpetrators of sexual abuse. Further, other relatives participated in not a small percentage of contact sexual assault.

Table 3: Perpetrators of various forms of child abuse among exposed Hadhramout university students

Offenders	Parents	Siblings	Relatives*	Teachers	Persons outside		
Type of abuse	(%)	(%)	(%)	(%)	home**		
			244		(%)		
Emotional abuse: history of being (N=344)							
Called with bad names	35.2	18.6	19.3	18.5	24.8		
Insulted	33.5	6.5	9.4	4.9	12.2		
Heard that he/she wasn't loved	22.1	13.7	2.6	1.3	3.6		
Rejected	14.3	4.9	4.1	1.0	1.2		
Threatened to be abandoned	13.5	1.7	2.0	0.3	2.2		
Threatened to be killed	1.8	0.6	3.1	3.2	10.2		
Physical ab	use: history	of being (N=	307)				
Hit with an object as stick, whip or belt	45.1	9.8	8.1	13.0	8.5		
Hit/punched	39.5	26.1	5.3	6,5	10.2		
Kicked	28.7	20.8	5.8	1.9	8.5		
Slapped face	22.8	17.3	9.4	4.9	11.5		
Burned or put chili in any part of body	3.2	1.3	2.9	0.3	4.2		
Shackled or tried to drown you	0.7	2.9	2.9	1.0	8.5		
Stabbed with a knife	0.0	0.6	0.3	0.0	1.9		
Sexual abuse: history of being (N=158)							
Spoken in a sexual way by abuser	1.9	1.9	9.8	3.8	70.3		
Forced to look at pornography	0.0	0.6	2.5	0.0	17.1		
Fondled victim's private parts by abuser	0.0	0.6	5.1	0.0	20.9		
Forced to view or touch abuser's private parts	0.0	1.3	4.3	0.6	15.2		
Photographed the abuser in the nude	0.0	0.0	0.0	0.0	1.3		
Forced for contact sexual assault	0.0	1.3	7.3	0.6	12.7		

^{*}Relatives: uncles, aunts, cousins, step fathers (mothers), grandfathers (mothers)

To detect the most important factors affecting different forms of child abuse, bivariate logistic regression analysis was first performed. The significance level is set at P <0.05 to ensure that all important variables are covered. The results showed that only students' sex, mother's education and family environment factors had significant association with all forms of child abuse. After determining the significantly associated factors (P<0.05) using bivariate logistic regression, all factors were entered in a multivariate logistic regression model. The results revealed that, there were statistically significant crude associations between the student's sex and family environment. Factors with child abuse persisted after adjusting for other confounding factors, and the strength of associations varied depending on the form of abuse.

^{**}Person outside the home: friend, neighbor, driver, stranger or others

As shown in Table 4, child's sex had independent effects on the majority of child abuse risk. Males were more likely to abuse than females. The strongest crude and adjusted associations between student's sex and child abuse were observed for exposure to emotional abuse (AOR=4.44, $P \le 0.001$), followed by physical abuse (AOR=2.56, $P \le 0.01$) and sexual abuse (AOR=2.20, $P \le 0.001$). The results also showed that, parents who argued with each other at home were the first predictors of emotional abuse of children followed by physical and sexual abuse (AOR= 3.41; 95 % CI: 1.72 –6.77) and (AOR= 2.65; 95 % CI: 1.54 –4.57) and (AOR= 1.75; 95 % CI: 1.11 –2.75) respectively. On the other hand, parents who hit or hurt each other at home were found to be the first predictor also of emotional abuse and physical abuse (AOR= 6.20; 95% CI: 1.86 – 20.67) and (AOR= 4.01; 95 % CI: 1.90 –13.17) respectively. It was also the second risk factor for child sexual abuse (AOR= 2.62; 95 % CI: 1.20 -5.71). Parents' psychological problems was found to be a significant predictor only for physical abuse (AOR= 2.29; 95 % CI: 1.05 –4.97).

Table 4: Logistic regression analysis of child abuse according to students' socio-demographic and family environment

Form of abuse	Emot	ional abuse	Physical abuse		Sexual abuse	
	Crude OR	aOR	Crude OR	aOR	Crude OR	aOR
Characteristics	95% CI		95% CI		95% CI	
Sex of the student Female (Ref) Male	2.64 **	4.44 *** 2.26 - 8.69	2.14**	2.56 ** 1.59 -3,93	1.80 **	2.20 *** 1.36-3.55
Mother's education Non educated (Ref) Educated	2.21 *	N/A	N/A	N/A	1.67 *	N/A
Parents argue each other No (Ref) Yes	3.47 **	3.41*** 1.72 - 6.77	3.14***	2.65 *** 1.54 - 4 57	1.86**	1.75 ** 1.11- 2.75
Parents hit or hurt each other No (Ref) Yes	3.50 **	6.20 ** 1.86 -20.67	5.24***	4.01 *** 1.90-13.17	2.16**	2.62 ** 1.20 -5.71
Parents' psychological problems No (Ref) Yes	N/A	N/A	7.67 **	2.29 ** 1.05 - 4.97	N/A	N/A

 $[*]P < 0.05; **P \le 0.01; ***P \le 0.001.$

aOR = Adjusted Odds Ratio; CI = confidence interval.

Ref. = reference category. NA: Not applicable

As shown in Table 5, students who experienced emotional abuse were over four times (4.41) times more prone to suicide, (2.97) times more to have depressive symptoms, (2.84) times more to have violent behavior and over two times (2.47) more likely to have anxiety or nightmares compared with students who were not exposed. Table 5 shows also that, students who experienced physical abuse were over three times (3.41) more likely to be prone to suicide, (3.16) times more likely to have anxiety or nightmares, (3.12) times more to have violent behavior and about two times (1.95) more to have depressive symptoms compared with students who were not exposed. Regarding sexual abuse, the same table shows that, students exposed to sexual abuse were (2.95) times more likely to wish revenge on abusers, (2.62) times more have depressive symptoms and (2.44) times more likely to fear the other sex compared with students who were not exposed. The results also showed that students exposed to emotional, physical or sexual forms of abuse were more likely to have poor educational performance (OR =2.63, 2.29 and 1.78 respectively).

Table 5: Logistic regression analysis of child abuse according to resulting outcomes

Form of abuse		nal abuse	Physical abuse		Sexual abuse	
	Crude OR	AOR	Crude OR	AOR	Crude OR	AOR
Resulting Outcomes	95% CI		95% CI		95% CI	
Poor educational performance						
No (Ref)	3.22*	2.63 **	2.02*	2.29***	2.72**	1.78*
Yes	07281036	(1.19- 5.8)	•	1.07 - 4.90	000000	(1.2- 2.9)
Become violent						
No (Ref)	2.93**	2.84**	4.01*	3.12***	1.85*	NA
Yes		1.20- 3.27	**	1.52 - 6.42		
Anxiety & nightmares						
No (Ref)	3.35***	2.47**	3.25*	3.16**	1.48*	NA
Yes		1.24- 4.72	•	1.33-7.51		
Depressive symptoms						
No (Ref)	3.60**	2.97**	2.64*	1.95**	3.56*	2.62 **
Yes		2.2 - 5.7	•	1.02 - 3.5		1.20 - 5.71
Pain of unknown origin No (Ref)						
Yes	1.79*	NA	NA	NA	1.79**	NA
Fear of other sex						
No (Ref)	2.05*	NA	2.21*	NA	4.12***	2.44**
Yes	2			100		1.31- 4.53
Suicidal thought or attempts						
No (Ref)	2.74 **	4.41 ***	3.59*	3.41 **	3.30**	NA
Yes		2.21- 6.62	•	1.70 - 5.77		
Wishing revenge						
No (Ref)	NA	NA	NA	NA	2.04**	2.95 *
Yes				52		1.17- 7.39

 $[*]P < 0.05; **P \le 0.01; ***P \le 0.001.$

aOR = Adjusted Odds Ratio; CI = confidence interval.

Ref. = reference category.

NA: Not applicable

Discussion

Child abuse is a comprehensive term that includes physical, emotional and sexual abuse along with neglect and abuse. The current study is the first of its kind in the study area Al-Mukalla city, Hadhramout governorate to address the prevalence of child abuse in general and its various forms (emotional, physical and sexual abuse), associated factors and outcome among Yemeni university students of both sexes.

Our findings showed that in general 88.4% of Hadhramout university students had experienced at least one form of abuse (physical, emotional or sexual) during their childhood, 44.4% had been exposed to multi-type abuse (two forms) and 35.5% had been exposed to all three forms of abuse. The prevalence of multi-type abuse in childhood in our study is higher than the rates reported by other studies in other countries such as Iraq where 20.0% of students experienced at least one form of abuse and 11.6% were subjected to two or more forms of abuse (27), Egypt 36.6% of students had at least one form of abuse (9%) were exposed to two or more forms of abuse (28), United States found that 13% of participants reported multiple forms of abuse (29) Vietnam where (20.7%) of students have been exposed to two or more forms of abuse, three forms (14.5%) and all forms (6.3%) of abuse, [30]. In Croatia, there was (74%) of students who had been exposed to two or more forms of abuse and all forms of abuse by (5%) of students (31). On the other hand, the prevalence of multi-type abuse in childhood in our study is lower than in the other study conducted in Egypt which revealed that all children (100%) had experienced both physical and emotional abuse (32). The reasons for these differences may be due to methodological differences and the different criteria for categorizing abused and nonabusive participants may also explain variations in our prevalence rates and other rates.

The current study indicated that 75.7% of the students reported that they were victims of physical abuse. Although this rate is relatively higher than reported by other countries in the Region, but it is still lower than the rate reported in former studies, conducted in different parts of Yemen, where the overall rate of child abuses ranges from 55.7% to 81.7% (21-24). The difference between these studies may be due to geographical variation which is an epidemiological characteristic of comparisons within the country, or because of cultural differences in the methods used to punish children. Unfortunately, national studies on child abuse in Yemen are not available to compare with our findings. However, our findings are approaching a high rate observed in studies conducted in Iran (74.4%), Saudi Arabia (61%-76%) Lebanon 76.4% and Egypt (62% -79.9%) (33-36). On the other hand, the prevalence rate of physical abuse 75.5% in our study was relatively high among other Arab countries such as Syria (37), Palestine (38), Erbil in Iraq (27) and Jordan (39), where the prevalence of child abuse is as low as, 45.1%, 28.5%, 6.5% and 2.1%, respectively. Furthermore, our prevalence was found to also be much higher than those stated in

Hong Kong 52%, India 47.3%, South Korea 42.2, Iran 36.1%, USA (28.4%), UK 6%-15%, Denmark (5.4%) and Turkey 14.6% (40 - 47).

The findings of the present study showed that the most common physical abuse type was hit/punched, kicked, hit with an object like stick, whip or belt and slapped. This observation is consistent with the result of a study conducted by Dunne and his colleagues where the most common answer in Russia, Egypt, Kyrgyzstan, Malaysia, Colombia and India was "hit/punched" "beaten with an object" (48) and by the other studies (42,47,49). However, only smaller percentages reported exposure to a serious nature of abuse such as burning and stabbing with knife. In contrast, in India Kacker et al found that out of every six abused children one was exposed to a serious form (41).

The current study shows that the main perpetrators of childhood physical abuse are parents, which is consistent with the results of a previous study conducted in Yemen (21,23,24), and in Arab countries, including Iraq, Egypt, Saudi Arabia, Palestine and Kuwait (27,28,49,50,51) as well as with the results of studies from other countries of the world. (52,53) In the Arab world, including Yemen, parents and educators are supported by the legal use of corporal punishment as an educational and disciplinary tool.

In Yemen, Alyaheri studied physical abuse among school children aged 6-12 years; of 1,325 students from the city of Al-Mukalla and 274 students from rural areas in Tuban region, nearly 80% of mothers in the rural area use corporal punishment to discipline children while 59% of mothers were urban. (21) Another study from Yemen by Ba-Saddik et al. of the Aden governorate revealed that more than a half of pupils had experienced at least 1 abusive act by teachers in their school life.)22) A third study by the Social Workers' Association in Yemen, found that approximately 80% of the children experienced corporal punishment and 1% reported brutal hitting. (23)

A fourth study from Yemen by Al-Thabhani included 586 children, 397 parents, and 33 juvenile children from Social Guidance Centers. Most urban and rural children (88.2%) pointed out that the dominant pattern of treatment by their parents when they make mistakes is punishment. The most commonly used means of punishment against children at home are beating, blaming, hitting with a stick and mocking. (24)

Parents have primary responsibility for protecting their children. In addition, Yemen has enacted a national child rights law that complies with Yemen's obligations towards international legislation on the rights of the child. (20) However, it is clear from the results of the above studies that there is still a large gap between the law and the practice of parents, teachers and other professionals in Yemen. On other hand, the acceptance of physical punishment as a means of raising children seems to depend greatly on the culture and attitude of the society and relates to child abuse (54,55).

Emotional abuse was found to be the most common form in the present study, similar to the results of other studies conducted in the Arab countries and abroad. (10,28,36,42,49) The highest types of emotional abuse reported in the current study were shouting or screaming, insulting (called by bad names), rejected and not loved by family, which is consistent with the results of other studies (10,48,49). The study revealed that parents were also the commonest perpetrators of emotional abuse. Similar findings were reported in other studies (31,49). In agreement with Machado et al. the mother was the most common perpetrator of child emotional and physical abuse as the mother is considered the main care provider for children in the family and the one responsible for disciplinary practices. (56) This explains the result in the present study as well as in other studies where it is observed that prevalence of physical and emotional abuse is closely related (31,49).

Sexual abuse was rated as the lowest form in the current study; 35.2 % of students reported exposure to some form of sexual abuse during their childhood. A similar rate, 36%, was reported by participants from Central America (57) while a slightly decreased rate was reported in the Los Angeles study (32.3%) (58). Low rates have also been reported from Arab countries such as Egypt 29.8% (59), Lebanon 24% (60) and Saudi Arabia 24.9%. (61) However, evidence about the prevalence of sexual abuse of children and adolescents in the region is small and fragmented, perhaps due to the sensitivity of sexual activity and victimization within Arab countries (61). Sexual abuse can be underestimated in many studies. These studies relied on maternal reporting of sexual abuse of their children, as many mothers may not be aware of the abuse of their children (62). Moreover, sexual abuse is often hidden within families and may not be known until the victim discloses it later in life and may be many children refrain from recognizing their exposure (28).

The most common types of sexual abuse reported by students in the current study were students sexually spoken to by the abuser (verbal sexual harassment), forced students to touch or view private body parts of the abuser, private body parts of the students were fondled by the abuser and they were forced to watch pornographic movies. The types of sexual abuse observed in our study are not different from those observed in the results of other studies from different parts of the world. (49,59) On the other hand, 12.7% of students in the current study reported that they had been sexually assaulted during childhood. Lower rates were reported from India (10.33%), USA (4.5%) and from three Central American countries (5-8%). (41,44,57)

The main perpetrators of sexual abuse in the present study were persons outside the home such as friends, neighbours, drivers, strangers or others, followed by relatives who also participated in not a small percentage of contact sexual assault (uncles, cousins, etc.). In line with our findings, other studies have reported that strangers are the most common perpetrators of sexual abuse. (49,59,

63

and a number of psychological problems in adulthood. (39,49,68,69,70)

Sugaya et al in their study in the USA also report 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" (71).

Regarding risk factors, the current study demonstrated that students' sex and family environment were significantly associated with higher child abuse occurrence. The results of our study revealed that boys were more likely physically, emotionally and sexually abused than girls. Our results agree with the findings of a study conducted in Bahrain in 2001, which documented sexual abuse in 97 children with 74% of boys and 8% of girls who were sodomized (64). Our findings also agree with a systematic review of the prevalence of violence against adolescents in 22 countries of the Arab League where found higher levels of violence among males than females, even for sexual abuse. (65) Some researchers suggest that higher rates of sexual abuse against boys could reflect less supervision and greater freedom of movement among boys than girls in some settings. Girls may be less likely than boys to detect sexual abuse in contexts where girls who have been abused prior to marriage are stigmatized and risk of reprisals by their parents (61,66). However, evidence of sexual differences in the prevalence of violence against adolescents in the Arab region is not strong enough to be mainstreamed and needs further research. (65)

The finding of this study is inconsistent with international statistics that document that 1 in 5 girls and 1 in 20 boys is a victim of child sexual abuse. Self-report studies show that 20% of adult females and 5-10% of adult males recall a childhood sexual assault or sexual abuse incident. (67) On the other hand, a study by Ribeiro et al, from Brazil observed that, sex did not influence the greater or lesser degree of violence among students who were exposed to it. (68) The findings of research on child sexual abuse are often not comparable across studies because of the non-standard definitions of child sexual abuse, different age groups used to distinguish childhood and adolescence, and disparate study groups (68).

Family environment has been significantly associated with increased risk of child abuse in this study and the risk was greater among students who witnessed parents or adults at home hit or arguing with each other compared with those who have no history of violence in the family. These findings are consistent with the findings of other studies that noted that marital violence and child abuse are likely to occur together and that children in families with a history of domestic violence are increasingly vulnerable to all forms of child abuse. (27,50,54) In addition, the existence of psychological problems among parents was a risk factor for child physical abuse in the present study, which is consistent with the results reported in other studies.

factor for child physical abuse in the present study, which is consistent with the results reported in other studies (12,13).

With regard to the outcome, it is clear from the present study that all forms of child abuse are associated with poor educational performance. These results were consistent with the results of studies conducted by Ibrahim et al. In Saudi Arabia (49), Khamis in Palestine (50) and by Sheikhattari et al. in Iran. (69) Our study also revealed a statistically significant association between students' exposure to child abuse and psychological problems later in life. Students who were exposed to physical and emotional abuse were more likely to have anxiety, nightmares, depressive symptoms, suicide thinking, and acquired violent behavior. Students who were sexually abused were more susceptible to depressive symptoms, fear of the other sex, and wanted revenge on the abusers. These results are consistent with the results of other studies that have confirmed the association between childhood abuse and a number of psychological problems in adulthood. (39,49,70,71,72) Sugaya et al In their study in the USA also report 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" (73).

Conclusion

The results of this study indicated that, child abuse is a common phenomenon accompanied with unfavorable long-term adverse effects among Hadhramout university students. More than two-thirds of students (88.4) reported having experienced some form of child abuse. Both emotional and physical abuse are the most common forms of occurrence. The commonest perpetrators in physical and emotional abuse are the parents. While the people outside the home are the masters of perpetrators in sexual abuse. Child abuse is significantly associated with students' sex and familial environment (violence in the family) and psychological problems of parents. The study indicated that child abuse has long-term adverse effects among Hadhramout university students as poor educational performance and the number of psychological problems. Early diagnosis and preventive educational interventions can have a critical role in reducing the prevalence and adverse consequences of child abuse. Further studies are required among larger samples from a broader group of participants to identify different aspects of child abuse

Acknowledgment: The author would like to thank third year medical students, educational year 2015-2016, for their participation and their active collaboration during the field work. Our special thanks to the library staff of the five selected colleges for their assistance in coordinating data collection. Thanks should be extended to all Hadhramout university students who accepted to participate in this study.

References

- 1. World Health Organization and International Society for Prevention of Child Abuse and Neglect. Preventing child maltreatment: a guide to taking action and generating evidence. Geneva: WHO, 2006.
- 2. Dahlberg LL, Krug EG. Violence; a global health problem. In: Krug EG, Dahlberg LL, Mercy JA, Zwi AB, Lozano R., editors. World report on violence and health. Geneva: World Health Organization; 2002.
- 3. Preventing child maltreatment in Europe: a public health approach Policy Briefing. Rome: World Health Organization European Centre for Environment and Health; 2007. (EUR/07/50631214; http://www.euro.who.int/__data/assets/pdf_file/0012/98778/E90618.pdf, accessed 16 January 2014.
- 4. Runyan D, Wattam C, Ikeda R, Hassan F, Ramiro L. Child abuse and neglect by parents and other caregivers. In: Krug EG, Dahlberg LL, Mercy JA, Zwi AB, Lozano R, editors. World report on violence and health. Geneva: World Health Organization; 2002.
- 5. Akmatov MK. Child abuse in 28 developing and transitional countries-results from the multiple indicator cluster surveys. International Journal of Epidemiology. 2011; 40(1): 219–227.
- 6. World Health Organization. World report on violence and health, WHO, Geneva, 2002.
- 7. Arie S. WHO takes up issue of child abuse. BMJ,2005,331(7509):129
- 8. World Health Organization. Child maltreatment. Fact Sheet, N150. Geneva: WHO, 2014. http://www.who.int/mediacentre/factsheets/fs150/en/ (10 May 2014, date last accessed).).
- 9. WHO, Child abuse and neglect.2002. Available at: https://www.who.int/violence_injury_prevention/violence/world_report/factsheets/en/childabusefacts.pdf. Accessed August 2018
- 10. Al-Eissa MA, AlBuhairan FS, Qayad M, Saleheen H, Runyan D, Almuneef M. Determining child maltreatment incidence in Saudi Arabia using the ICAST-CH: A pilot study. Child Abuse Neglect. 2015;42:174-82.
- 11. Dube, S. R., Anda, R. F., Whitfield, C. L., Brown, D. W., Felitti, V. J et al. Long-term consequences of childhood sexual abuse by gender of victim. American Journal of Preventive Medicine, 2005; 28, 430–438.
- 12. Li F, Godinet MT, Arnsberger P. Protective factors among families with children at risk of maltreatment: Follow up to early school years. Child Youth Serv Rev 2011; 33(1): 139-48.
- 13. Sidebotham P, Golding J, Team AS. Child maltreatment in the "children of the nineties": A longitudinal study of parental risk factors. Child Abuse Negl 2001; 25(9): 1177-200
- 14. Hussey JM, Chang JJ, Kotch JB. Child maltreatment in the United States: prevalence, risk factors, and adolescent health consequences. Pediatrics, 2006, 118:933–942.
- 15. Kellogg, N. D., Parra, J. M., Menard, S. Children with anogenital symptoms and signs referred for sexual abuse evaluations. Arch Pediatric Adolescent Medical, 2007;152, 634–641.

- 16. Heim C, Shugart M, Craighead WE, Nemeroff CB. Neurobiological and psychiatric consequences of child abuse and neglect. Developmental Psychobiology; 2010; 52: 671–690.
- 17. Schneider R, Baumrind N, Kimerling R. Exposure to child abuse and risk for mental health problems in women. Violence and Victimization ,2007; 22:620–631
- 18. Haj-Yahia MM, Musleh K, Haj-Yahia YM. The incidence of adolescent maltreatment in Arab society and some of its psychological impact. J Fam Issues 2002; 23:1032–1064 19. Al-Mahroos FT. Child abuse and neglect in the Arab
- Peninsula. Saudi Medical Journal. 2007; 28 (2): 241-8.
- 20. Children of Yemen, Realizing Children's Rights in Yemen. Available at: https://www.humanium.org/en/yemen/accessed: October 2018
- 21. Alyaheri A. Mental health, education and corporal punishment in Yemeni school-aged children. London: King's College, Institute of Psychiatry; 2004.
- 22. Ba-Saddik AS and Hattab AS. Physical abuse in basic-education schools in Aden governorate, Yemen: a cross-sectional study. Eastern Mediterranean Health Journa, 2013; 19 (4);333-38
- 23. The Social Workers' Association children's right in protection and security. No discrimination. No punishment. Alhota, Lahij Governorate, Republic of Yemen: Department of Education.2004.
- 24. Al-Thabhani N. Violence against children in selected areas of Yemen. Yemen: The Higher Council for Motherhood and Childhood. Save the Children-Sweden, UNICEF and World Health Organization. 2004.
- 25. Cochran WG. Sampling Techniques 1963. 2nd ed. New York: John Wiley and Sons, Inc
- 26. International Society for the Prevention of Child Abuse (ISPCA), UNICEF, OAK -Foundation. Questionnaires and Guides available for UN Study on Violence Against Children. [cited 2008 Feb 4]. Available at: http://www.ISPCA.org/questionnaire.htm
- 27. Saeed BA, Talat LA. Prevalence of childhood maltreatment among college students in Erbil, Iraq. Eastern Mediterranean Health Journal, 2013;19:(5);441-46.
- 28. Afifi ZEM, El-Lawindi MI., Ahmed S.A and Basily W.W. Adolescent abuse in a community sample in Beni Suef, Egypt: prevalence and risk factors. Eastern Mediterranean Health Journal, 2003; 9(5/6),1003-1018
- 29. Scher CD, Forde DR, McQuaid JR, Stein MB. Prevalence and demographic correlates of childhood maltreatment in an adult community sample. Child Abuse Negl. 2004; 28(2):167-80'
- 30. Huong Thanh Nguyen,a Michael P Dunneb & Anh Vu Lea. Multiple types of child maltreatment and adolescent mental health in Viet Nam 2009; Bull World Health Organ ;87:22–30
- 31. Sesar Kristina, Šimić Nataša, Barišić.Marijana. Type Childhood Abuse, Strategies of Coping, and Psychological Adaptations in Young Adults 2010, Croat Med J; 51: 406-16
- 32. UNICEF. Violence against Children in Egypt. A Quantitative Survey and Qualitative Study in Cairo, Alexandria and Assiut, NCCM and UNICEF Egypt,

- Cairo.2015, National Council for Childhood and Motherhood (NCCM) and UNICEF Available at: https://www.unicef.org/mena/sites/unicef.org.mena. Accessed April 2017
- 33. Derakhshanpour F, Shahini N, Hajebi A, Vakili M A, Sadat A and Heydari Y. Demographic characteristics and risk factors of children and parents in child abuse subtypes: Findings from a psychosocial support department Journal of Fundamentals of Mental Health 2017; 19(6): 459-67
- 34. Al Eissa Majid, Almuneef MA. Child Abuse and Neglect in Saudi Arabia: Journey of recognition to implementation of national prevention strategies. Child Abuse & Neglect: The International Journal. 2010; 34(1):28-33.
- 35. El Bcheraoui C, Kouriye H and Adib SM. Physical and verbal/emotional abuse of schoolchildren, Lebanon, 2009. Eastern Mediterranean Health Journal; 2012;18 (10);
- 36. Wheeler SM, Williams L, Beauchesne P, Dupras TL. Shattered lives and broken childhoods: Evidence of physical child abuse in ancient Egypt. Int J Paleopathology. 2013;3(2):71–82.
- 37. Essali MA. Protecting children from abuse and neglect in Syria (in Arabic). APNe. Book.Arabpsynet.2008. Available at: http://www.arabpsynet.com/apneBooks/eB13/eB13AM Cont&Pref.pdf.
- 38. Haj-Yahia, MM & Abdo-Kaloti, R. The rates and correlates of the exposure of Palestinian adolescents to family violence: Toward an integrative-holistic approach. Child Abuse & Neglect, 2003;27(7), 781–806.
- 39. Al-Zboon E, Ahmad J, Al-Dababneh K. Prevalence and types of childhood abuse among special education students attending Jordanian Universities. International Journal of Adolescence and Youth. 2015; 25(2): 476-485.
- 40. PLS IP. Child abuse and Neglect in Hong Kong. HK J Pediatrics. 2000; 5:61-4.
- 41. Kacker L, Varadan S, Kumar P. Study on child abuse: India 2007 New Delhi, Ministry of Women and Child Development, Government of India, 2007.
- 42. Lee Y, Kim S. Childhood maltreatment in South Korea: retrospective study. Child Abuse Negl. 2011; 35: 1037-1044.
- 43. Azar Pirdehghan, Mahmood Vakili, Yavar Rajabzadeh, and Mohammad Puyandehpour. Child Abuse and Neglect Epidemiology in Secondary School Students of Yazd Province, Iran. Psychiatry Behav Sci; 2015;9(4): 25-36.
- 44. Hussey JM, Chang JJ, Kotch JB. Child maltreatment in the United States: prevalence, risk factors, and adolescent health consequences. Pediatrics. 2006; 118 (3):933-42. USA
- 45. May-Chahal C, Cawson P. Measuring child maltreatment in the United Kingdom: a study of the prevalence of child abuse and neglect. Child Abuse Negl ,2005;29:969–984
- 46. Mogens N. Christoffersena, Cherie Armourb, Mathias Lasgaardc, Tonny E. Andersenc and Ask Elklitc. The Prevalence of Four Types of Childhood Maltreatment in Denmark. Clinical Practice & Epidemiology in Mental Health 2013; 9, 149-156.
- 47. Koc EM, Dagli FS, Aksakal FN, Aksoy H, Kahveci R, Baser DA, Meads K and Ozkara A. Exploring Prevalence of Child Abuse: Use of ICAST-Retrospective Instrument with the First Year Medical Students in a University. Konuralp Medical Journal, 2018;10 (1):7-12.

- 48. Dunne MP, Zolotor A, Runyan DK, et al. ISPCAN Child Abuse Screening Tools Retrospective version (ICAST-R): Delphi study and field testing in seven countries. Child Abuse Negl. 2009;33: 815–825.
- 49. Ibrahim N KR, Jalali EAE, Al-Ahmadi JR, Al- Bar AA. Prevalence, Risk Factors and Outcome of Childhood Abuse Reported by Female University Students in Jeddah. Journal of Egypt public health association. 2008;83: 329-351.
- 50. Khamis V. Child psychological maltreatment in Palestinian families. Child Abuse Negl 2000;24 (8):1047–59
- 51. Ghenaim A. Al-Fayez Jude U. Ohaeri and Osama M. Gado. 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; 1:53–66. 52. Meenakshi Bhilwar, Ravi Prakash Upadhyay, Saranya Rajavel, Sunil K. Singh, Kavita Vasudevan, and Palanivel Chinnakali. Childhood Experiences of Physical, Emotional and Sexual Abuse among College Students in South India, Journal of Tropical Pediatrics, 2015;61, 329–338.
- 53. Sayyari A, Bagheri Yazdi S, Jalili B, Khoshabi K, Shahmohammadi D, Imanzadeh F, et al. Physical childabuse in Tehran, Iran. Journal of rehabilitation (UWRS) 2002; 6(6-7): 7-13.
- 54. Li F, Godinet MT, Arnsberger P. Protective factors among families with children at risk of maltreatment: Follow up to early school years. Child Youth Serv Rev 2011; 33(1): 139-48
- 55. Ferrari AM. The impact of culture upon child rearing practices and definitions of maltreatment. Child Abuse Negl 2002; 26 (8): 793-813.
- 56. Machado C, Goncalves M, Matos M, Dias AR. Child and partner abuse: Self-reported prevalence and attitudes in the north of Portugal. Child Abuse Neglect. 2007;31;657-70.
- 57. Speizer IS, Goodwin M, Whittle L, Clyde M, Rogers J. Dimensions of child sexual abuse before age 15 in three Central American countries: Honduras, El Salvador, and Guatemala. Child Abuse Negl 2008;32;455–62.
- 58. Briere J, Elliott DM. Prevalence and psychological sequelae of self-reported childhood physical and sexual abuse in a general population sample of men and women. Child Abuse Negl. 2003; 27(10):1205-22.
- 59. Aboul-Hagag, K., & Hamed, A. Prevalence and pattern of child sexual abuse reported by cross sectional study among the University students, Sohag University, Egypt. Egyptian Journal of Forensic Sciences, 2012;2, 89–96.
- 60. Usta J, Farver J. Child sexual abuse in Lebanon during war and peace. Child Care Health Dev 2010; 36:361-8.
- 61. Al-Quaiz AJ, Raheel HM. Correlates of sexual violence among adolescent females in Riyadh, Saudi Arabia. Saudi Med J 2009;30(6):829–34.
- 62. Ohaeri JU and Al-Fayez GA. Child sexual abuse data from an Arabian Gulf country revisited. International Psychiatry, 2013;10;4, 84-86.
- 63. Mahgoub DAA, Halim HM, and Elmusharaf KH, Relationshipbetweenthevictims and the childs exual abusers in Khartoum State. Sudan Med J, 2013; ;49(2),110-113.

- 64. Al-Mahroos F, Abdulla F, Kamal S, Al-Ansari A. Child abuse: Bahrain's experience. Child Abuse Negl 2005;29:187-93
- 65. Elghossain T, Bott S, Akik C, Ghattas H and Obermeyer CM. Prevalence of Key Forms of Violence Against Adolescents in the Arab Region: A Systematic Review. Journal of Adolescent Health, 2018; 64; 8–19
- 66. Elgendy IS, Hassan NA. Medicolegal study of child sexual abuse in greater Cairo, Egypt, during a 7-year period: 2005-2011. Am J Forensic Med Pathol, 2013;34(4):335–41.
- 67. Child Sexual Abuse Statistics National Center for Victims of Crime. Available at:
- victimsofcrime.org/media/reporting-on...sexual-abuse/child-sexual-abuse-statistics. Accessed April 2019
- 68. Ribeiro IM, Ribeiro AS, Pratesi R, Gandolfi L.Prevalence of various forms of violence among school students. Acta Paul Enferm, 2015; 28(1):54-9.
- 69. Sheikhattari P, Stephenson R, Assasi N, Eftekhar H, Zamani Q, Maleki B. Child maltreatment among school children in the Kurdistan Province, Iran. Child Abuse Negl. 2006; 30(6):575.
- 70. Mahrous E, Abd Elazem S, Hassan Z. Prevalence of Child Abuse and its Long-Term Psychological Consequences among Female Students of Medical Faculties. International Journal of Science and Research; 2016;5 (10) 881-89.
- 71. Al-Fayez G A., Ohaeri J U., Gado O M. 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.
- 72. Almuneef M, Qayad M, Aleissa M, Albuhairan F. Adverse childhood experiences, chronic diseases, and risky health behaviors in Saudi Arabian adults: A pilot study. Child Abuse and Negl, 2014;38: 1787-93.
- 73. Sugaya L., Hasin DS., Olfson M., Lin KH., Grant B F., and Blanco C. Child Physical Abuse and Adult Mental Health: A National Study New York, USA. Journal of Traumatic Stress ,2012;25, 1–9.