

# Child abuse and neglect: mothers' behaviour and perceptions

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حوادث الاعتداء على الأطفال وإهمالهم: سلوك الأمهات وإدراكهن للمشكلة  
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خلاصة: تم بحث سلوك الأمهات فيما يتعلق بإساءة معاملة الأطفال، ومدى إدراكهن لهذا السلوك، ومدى ارتباطه مع خصائص الوالدين والخلفية العائلية. ولهذا الغرض استهدفت الدراسة أمهات لديهن طفل واحد على الأقل يقل عمره عن 18 سنة، ووزع عليهن استبيان للإجابة عليه. ولقد أبلغت نسبة كبيرة من الأمهات عن سلوك ينطوي على إساءة المعاملة، ويتمثل في اعتداءات انفعالية (69.0%) وبدنية (57.1%)، فضلاً عن إهمال سلامة الطفل (43.8%) أو تعليمه (46.1%) أو رعايته الطبية (53.3%). وكانت الأمهات أكثر ميلاً لاعتبار أن سوء معاملة الطفل يتمثل في إهماله وليس الاعتداء عليه. وتبين أن سوء معاملة الطفل كانت مصحوبة بدرجة ذات معنوية إحصائية بمستوى تعليم الوالدين، ومهنة الوالد، وتوظف الأم، والمشاكل المالية، وسن الأم عند وضعها طفلها الأول، وعدد المواليد، ومنسب الإزدحام، ومفهوم الأم لسوء المعاملة.

**ABSTRACT** Mothers' behaviour relating to child maltreatment, their perceptions of such behaviour and its correlates to parents' characteristics and family background were investigated. Women with at least one child under 18 years were targeted and given an interview questionnaire. A high proportion of mothers reported maltreatment behaviour that constituted emotional (69.0%) and physical (57.1%) abuse as well as neglecting the child's safety (43.8%), education (46.1%) and medical care (53.3%). Mothers tended to perceive neglectful behaviour rather than abusive behaviour as child maltreatment. Child maltreatment was significantly associated with parents' level of education, father's occupation, mother's working status, financial problems, mother's age at the birth of the first child, number of offspring, crowding index and maternal perceptions of maltreatment.

## L'enfant maltraité et négligé: comportement des mères et leur perception à cet égard

**RESUME** On a étudié le comportement des mères relatif au mauvais traitement de l'enfant, leur perception de ce comportement et la corrélation avec les caractéristiques des parents et le contexte familial. L'étude a été ciblée sur les femmes ayant au moins un enfant âgé de moins de 18 ans, auxquelles on a donné un questionnaire d'enquête. Une forte proportion de mères ont signalé un comportement de maltraitance qui constituait un abus affectif (69.0%) et physique (57.1%) ainsi que la négligence vis-à-vis de la sécurité de l'enfant (43.8%), de son éducation (46.1%) et des soins médicaux (53.3%). Les mères avaient tendance à percevoir la négligence plutôt que l'abus comme maltraitance de l'enfant. La maltraitance de l'enfant était associée de manière significative au niveau d'instruction des parents, à la profession du père, au travail de la mère, aux problèmes financiers, à l'âge de la mère à la naissance du premier enfant, au nombre d'enfants, au degré d'occupation du logis et à la perception qu'a la mère du mauvais traitement.

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## Introduction

Applying the label of "child maltreatment" implies a judgement about social deviance and brings to bear both personal and societal values regarding parenting. Implicit in this process are judgement about circumstances harmful to children, minimal requirements for development and other aspects of the child that are important for society to protect [1].

For centuries child maltreatment has been a societal problem yet clinical reporting started only 30 years ago [2]. In North American and European societies, the number of abused and neglected children continues to rise [3,4]. This increase is attributed to better awareness and recognition of the problem as well as to a real increase in its magnitude [4].

Generally, there is no available literature on the extent of child maltreatment in Arab countries [5]. However, a recent study conducted in Alexandria, Egypt revealed that children are subjected to physical abuse in a disciplinary context [6]. Moreover, school teachers, social workers and physicians do encounter cases ranging from neglect to sexual abuse [7]. Although these studies indicate that child maltreatment exists, they do not reveal the extent and scope of the phenomenon. Accordingly, a community-based study was carried out to elucidate mothers' behaviour relating to child maltreatment, their perceptions of such behaviour and its correlates to parents' characteristics and family background.

## Subjects and methods

Women who had at least one child under the age of 18 years constituted the target population of the present study. The modified cluster sample survey of the World

Health Organization was adopted to select eligible women. Thirty clusters, the usual chosen number, were identified. The total number of women to be enrolled was estimated using the following equation:

$$n = [(Z^2 \times p \times q) / D^2] \times 2.$$

Since the actual prevalence of the behaviour under study was unknown, the probability of its presence was estimated to be equal to its absence ( $p = q = 0.5$ ) and a value of 0.1 was chosen as the acceptable limit of precision ( $D$ ). Based on these assumptions, the sample size was estimated to be 192.08. This number was rounded to the nearest figure to be divided by the chosen number of clusters. Accordingly, a total of 210 women, seven from each cluster, was selected.

The women enrolled were given an interview questionnaire which consisted of the following sections:

- Section I: social and family background of participants (14 questions)
- Section II: behaviour relating to child maltreatment which included 29 questions describing physical (6 questions) and emotional (5 questions) abuse and physical (3 questions), gross safety (5 questions), educational (3 questions) and medical care (7 questions) neglect (Tables 1 and 2).

Mothers were requested to report both their behaviour and their perceptions. Responses included two choices: yes (coded 1) and no (coded 0).

The operational definitions adopted for the present study were as follows.

- Child abuse was considered when attempts were made to harm the child physically (physical abuse) or attacks were made on the child's development of self and social competence (emotional abuse).

- Child neglect was considered when the caregiver, either deliberately or by extraordinary inattentiveness, permitted the child to experience avoidable suffering and/or failed to provide one or more of the ingredients generally deemed essential for developing a person's physical, intellectual and emotional capacities.

Data were analysed using *SPSS* (version 7.5) and *Epi-Info* (version 6.03). The mean, standard deviation, 95% confidence interval of the obtained prevalence and the odds ratio (OR) were computed. The chi-square, Student's *t*-test, the *t*-test for paired comparison and multivariate logistic regression analysis were used to test the significance of the results obtained at the 5% level.

The following two scales were generated after testing for internal consistency.

1. The perception scale for abusive behaviour was developed by summing the responses to the 11 questions addressing physical and emotional abuse, yielding a score ranging from 0 to 11. Cronbach alpha reliability for this scale was 0.6638.
2. The perception scale for neglectful behaviour was developed by summing the responses to the 18 questions addressing physical, gross safety, educational and medical care neglect, yielding a score ranging from 0 to 18. Cronbach alpha reliability for this scale was 0.8182.

A high level of agreement was considered when expressed by more than 80% of mothers. Higher scores on these scales indicate better perception.

## Results

A total of 210 mothers with a mean age of  $37.97 \pm 7.86$  years (minimum = 20.00 years; maximum = 55.00 years) were enrolled in the study. Only 11.9% of participants were university graduates while

Table 1 Mothers' abusive behaviour and perceptions (*n* = 210)

Abusive behaviour	Behaviour		Perception	
	No.	%	No.	%
<i>Emotional abuse</i>				
Locking the child alone at home for many hours	42	20.0	165	78.6
Cursing the day the child was born	57	27.1	164	78.1
Belittling the child	105	50.0	117	55.7
Declaring not to love the child	37	17.6	186	88.6
Declaring the child's problems publicly	67	31.9	149	71.0
<i>Physical abuse</i>				
Slapping the child with subsequent marks	35	16.7	188	89.5
Beating the child with a slipper, stick, belt, hose or metal chain	95	45.2	147	70.0
Beating the child with subsequent physical injuries	14	6.7	209	99.5
Putting pepper in the child's mouth	31	14.8	194	92.4
Burning the child with hot water, spoon or cigarette	16	7.6	206	98.1
Burning a child who wets his/her bed while sleeping*	32	27.4	149	71.0

\*Only mothers with an enuretic child (*n* = 181) were asked about this

Table 2 Mothers' neglectful behaviour and perceptions (n = 210)

Neglectful behaviour	Behaviour		Perception	
	No.	%	No.	%
<i>Physical neglect</i>				
Leaving the child bare-foot in the street	19	9.0	194	92.4
Leaving the child in light clothes in winter	13	6.2	201	95.7
Leaving the child in dirty clothes	13	6.2	197	93.8
<i>Neglect of safety</i>				
The child has injured himself/herself with a kitchen knife in mother's presence	36	17.1	202	96.2
The child has been shocked by electric appliances	32	15.2	206	97.6
The child has been hit by a car	13	6.2	210	100.0
The child has been burnt during food preparation	57	27.1	193	91.9
The child has drunk caustic soda	2	1.0	210	100.0
<i>Neglect of medical care</i>				
Reluctance to immunize the child	14	6.7	200	95.2
Reluctance to monitor the child's growth periodically	58	27.6	165	78.6
Reluctance to consult a physician when the child is not feeling well	68	32.4	170	81.0
Ignoring the child's medical complaint	82	39.0	138	65.7
Late consultation of medical care when the child is ill	65	31.0	165	78.6
Refusal of an operation or long-term treatment	8	3.8	205	97.6
Not providing the drugs prescribed by the physician	18	8.6	204	97.1
<i>Educational neglect*</i>				
Allowing the child to skip school	36	20.2	183	87.1
Allowing the child to drop out of school and seek a job without economic reason	24	13.5	184	87.6
Reluctance to consult the school when there has been a complaint about the child's academic progress	57	32.0	200	95.2

\* Only mothers with children attending school (n = 178) were asked about this

nearly half of them had completed their basic (18.6%) or high school education (32.9%). Those who were illiterate or just able to read and write constituted 36.7% of the sample. Less than a quarter (21.0%) of the mothers worked outside the home. The majority of them (177, 84.29%) had more than one child. The mean number of children was  $2.91 \pm 1.46$  children per women (minimum = 1.00; maximum = 7.00).

Mothers' reported behaviour is presented in Tables 1 and 2. Table 1 shows that the

most frequently reported behaviour that constituted physical abuse was beating using implements (45.2%), burning an enuretic child (27.4%) and slapping with subsequent marks (16.7%). In the area of emotional abuse, half of the mothers (50.0%) stated that they subjected their children to belittling and 31.9% declared their problem publicly (Table 1).

Regarding child neglect, a considerably lower proportion of mothers reported behaviour that constituted physical neglect.

Table 3 Proportion of mothers reporting child maltreatment and the mean number of reported behaviour

Child maltreatment	Reported behaviour			
	Proportion of mothers No.	%	Minimum-maximum	Mean $\pm$ s
Emotional abuse (5 questions)	145	69.0	1.00-5.00	2.12 $\pm$ 1.05
Physical abuse (6 questions)	120	57.1	1.00-4.00	1.86 $\pm$ 0.95
Physical neglect (3 questions)	29	13.8	1.00-3.00	1.55 $\pm$ 0.74
Neglect of safety (5 questions)	92	43.8	1.00-3.00	1.52 $\pm$ 0.60
Neglect of medical care (7 questions)	112	53.3	1.00-7.00	2.79 $\pm$ 1.47
Educational neglect (3 questions)	82	46.1	1.00-3.00	1.43 $\pm$ 0.70
Total maltreatment (29 questions)	188	89.5	1.00-21.00	6.10 $\pm$ 4.28

s = standard deviation

However, more than a third of them reported medical care neglect, including neglecting the child's medical complaints (39.0%) and reluctance (32.4%) or delay (31.0%) in seeking medical care. Moreover, a fair proportion of mothers reported behaviour which indicated lack of supervision and educational neglect (Table 2).

According to the mothers' reported behaviour, children were subjected to one or more forms of maltreatment in 89.5% of families. The most frequently reported maltreatment behaviour was that which constituted emotional (69.0%) and physical (57.1%) abuse and neglect of medical care (53.3%) (Table 3).

With regard to mothers' perceptions, over 80% of mothers perceived four out of six behavioural aspects related to physical abuse as child maltreatment (Table 1). A low level of agreement was found in behaviour involving beating with implements (70.0%) and burning an enuretic child (71.0%). Furthermore, a low level of agreement was observed in almost all behavioural aspects relating to emotional abuse.

A high level of agreement ranging from 83% up to 100% was expressed by mothers in all behavioural aspects relating to physical, gross safety and educational neglect (Table 2). However, in the area of medical care neglect, only a small proportion of mothers perceived ignoring the child's medical complaints (65.7%), late consultation of medical care (78.6%) and reluctance to monitor the child's growth periodically (78.6%) as maltreatment.

Mothers were more apt to perceive behaviour relating to child neglect as maltreatment as their mean percentage score on the neglect perception scale (90.63  $\pm$  13.73%) was significantly higher than their mean score on the abuse perception scale (81.13  $\pm$  17.71%) where  $t = 10.377$ ,  $P = 0.0000$ .

Parents' characteristics and family background in relation to maltreatment behaviour are illustrated in Tables 4a and 4b. Maltreatment behaviour was not associated with the father's age at the time of birth of the first child ( $t = 0.747$ ,  $P = 0.456$ ). However, mothers who reported child maltreat-

Table 4a Parents' characteristics and family background in relation to maltreatment behaviour

Characteristic and family background	Maltreatment behaviour		t
	Absent (n = 22) Mean ± s	Present (n = 188) Mean ± s	
Father's age at the birth of the first child	31.09 ± 3.32	30.22 ± 5.32	0.747 P = 0.456
Mother's age at the birth of the first child	27.68 ± 3.89	23.85 ± 4.17	4.102 P = 0.000
Number of offspring	2.00 ± 0.93	3.03 ± 1.49	4.559 P = 0.000
Crowding index	1.38 ± 0.38	2.10 ± 1.03	6.493 P = 0.000
Perception scores of maltreatment behaviour	98.74 ± 2.00	85.66 ± 14.10	11.754 P = 0.000

s = standard deviation

ment were significantly younger when they had their first child ( $t = 4.102$ ,  $P = 0.000$ ). Moreover, significantly more child maltreatment was found in families with a large number of offspring ( $t = 4.559$ ,  $P = 0.000$ ) and those living in households with a high crowding index ( $t = 6.493$ ,  $P = 0.000$ ) (Table 4a).

An inverse association was found between child maltreatment and the parents' level of education and occupation. Relative to university graduates, the risk of child maltreatment was significantly higher among parents who had completed their basic or high school education while it was highest among those who were illiterate or just able to read and write. Similarly, relative to families where the father was a professional or semiprofessional, the risk of child maltreatment was 3.90 times higher in families where the father was a skilled or semiskilled worker ( $P = 0.007$ ) and 6.35 times higher in families where the father was an unskilled or manual labourer ( $P =$

0.047). Moreover, this risk was significantly higher among non-working mothers (OR = 3.77,  $P = 0.003$ ) (Table 4b).

In families experiencing financial problems or debts, a significantly higher percentage of mothers (97.8%) reported child maltreatment. Financial problems increased the risk of child maltreatment 6.6 times ( $P = 0.037$ ). Child maltreatment was also reported by all mothers who recalled being maltreated during their childhood but this was not significant (Table 4b).

The mothers' behaviour was found to be significantly related to their perception of child maltreatment. The perception score of mothers who reported child maltreatment ( $85.66 \pm 14.10\%$ ) was significantly lower than those who did not report such behaviour ( $98.74 \pm 2.00\%$ ) where  $t = 11.754$ ,  $P = 0.000$  (Table 4a).

Considering all the potential risk factors of maltreatment behaviour, stepwise logistic regression analysis revealed that fathers who had had less than 12 years of educa-

Table 4b Parents' characteristics and family background in relation to maltreatment behaviour

Characteristic and family background	Total (n = 210)		Maltreatment behaviour (n = 100)			OR	P
	No.	%	No.	%	95% CI of the prevalence		
<i>Father's education</i>							
University	53	25.2	41	77.4	63.8–87.7	1	–
Secondary	50	23.8	42	84.0	70.9–92.8	1.53	0.396
Primary/preparatory	64	30.5	62	69.9	98.2–99.6	9.07	0.001
Illiterate/read or write	43	20.5	43	100.0	91.8–100.0*	12.88	0.003
<i>Mother's education</i>							
University	25	11.9	15	60.0	38.7–78.9	1	–
Secondary	69	32.9	60	87.0	76.7–93.9	4.44	0.006
Primary/preparatory	39	18.6	37	94.9	82.7–99.4	12.33	0.000
Illiterate/read or write	77	36.7	76	98.7	93.0–100.0*	50.67	0.000
<i>Father's occupation</i>							
Professional/semiprofessional	92	43.8	75	81.5	72.1–88.8	1	–
Skilled/semiskilled	91	43.3	86	94.5	87.0–96.2	3.90	0.007
Unskilled/manual	27	12.9	27	100.0	87.2–100.0*	6.35	0.047
<i>Mother's working status</i>							
Working	44	21.0	34	77.3	62.2–86.5	1	–
Not working	166	79.0	154	92.8	89.1–97.0	3.77	0.003
<i>Parental origin</i>							
Alexandria	99	44.3	81	87.1	78.5–93.1	1	–
Immigrants	117	55.7	107	91.5	84.8–95.8	1.59	0.305
<i>Financial problems or debts or family stressors</i>							
Absent	164	78.1	143	87.2	81.1–91.9	1	–
Present	46	21.9	45	97.8	88.5–100.0*	6.60	0.037
<i>Family disruption (death or divorce)</i>							
No	187	89.1	166	88.8	83.4–92.9	1	–
Yes	23	10.9	22	95.7	78.0–99.9	2.78	0.309
<i>Family problems among parents during childhood</i>							
No	63	30.0	55	87.3	76.5–94.4	1	–
Yes	147	70.0	133	90.5	84.5–94.7	1.38	0.491
<i>Parents recalled being abused or neglected</i>							
No	176	83.8	154	87.5	81.6–92.0*	1	–
Yes	34	16.2	34	100.0	87.7–100.0	5.00	0.137

\*One-tailed 97.5% CI was computed

CI = confidence interval OR = odds ratio

tion (OR = 11.806,  $P = 0.0045$ ), young age of the mother at the time of birth of the first child (OR = 1.216,  $P = 0.0121$ ) and poor perception of behaviour relating to child abuse or neglect (OR = 3.211,  $P = 0.0042$ ) were predictive of child maltreatment. These variables could identify 98.4% of families with maltreatment potential as indicated by the model sensitivity.

## Discussion

A wide definition of child maltreatment tends to capture large sections of the community [8]. Undoubtedly, this is the reason for finding that, in a large proportion of families, children are subjected to one or more forms of maltreatment. It is worth mentioning that children who are subjected to one type of maltreatment are more likely to experience other types as well [8]. There are, of course, parents who both abuse and neglect their children [9].

Maltreatment behaviour triggered by the child's misconduct, including locking up, cursing, belittling and beating was reported by a high proportion of mothers. Previous studies have indicated that such behaviour characterizes abusive parents [10-12]. Its origin lies in the lack of parenting skills as well as the cultural acceptance of corporal punishment within the society [2]. In a culture like ours, there are high expectations for a child's obedience and discipline, and violating these rules provides a strong justification for punishment [5]. This is probably the reason why a proportion of mothers failed to perceive such behaviour as abusive. Indeed, the positive correlation between abusive behaviour and the belief in corrective punishment explains much about child maltreatment [13]. However, subjecting a child to physical vi-

olence with the use of implements constitutes abuse rather than discipline [14]. In this connection, a clear distinction should be made between culturally condoned physical discipline and physical abuse. Moreover, preparation for parenting significantly reduces abusive behaviour [15].

It has been reported that child neglect is far more common than abuse [4]. This is not borne out by our findings as the proportion of mothers who indicated neglecting their children's needs was lower than those who reported subjecting them to abusive treatment. This might be attributed to the characteristics of families with Middle Eastern roots where mothers tend to put aside their individual interests and attend fully to their children's needs [16]. In this series, child neglect was perceived as a form of maltreatment by a high proportion of mothers. Moreover, their perception of neglectful behaviour as child maltreatment was significantly higher than their perception of abusive behaviour.

Determining the maltreatment potential of parents and caregivers is one of the most critical tasks relevant to public health interventions aiming at the prevention of child maltreatment [17]. Child maltreatment is linked to the cultural level of women, as those from socially and economically privileged backgrounds are less likely to report any form of maltreatment [8]. This study, as well as others [18,19], indicates the association between parents' level of education and child maltreatment. The resiliency encountered in families where fathers are professionals or semiprofessionals and mothers work outside the home is simply a reflection of their educational level. This is particularly true since higher educational attainment is linked to a better career opportunity.



This study, as well as others, illustrates the association between child maltreatment and young maternal age [18,20], large number of offspring [21,22] and overcrowding [18]. Young mothers are usually immature in their responses and have a poor understanding of children's development and needs. Moreover, Sumba and Bwibo observed that mothers who maltreated their children were less likely to practise contraception [18]. Certainly, in the absence of contraceptive practices, marriage at a young age prolongs the woman's fertile span and promotes a large number of offspring. Under such circumstances, a mother is unlikely to provide all her children with the basic care deemed essential for their optimum growth and development. A large number of children greatly contributes to an overcrowded household, which increases the chances of aggressive outbursts as emphasized by Kaplan and Saddock [23].

The phenomenon of child maltreatment appears to be linked to parents' adverse life experiences [24]. Earlier studies and the present one have documented the role of poverty [25] and financial pressures [2] in this connection. McLoyd emphasized that poverty and economic losses severely constrict choices, increase the risk of emotional distress and heighten vulnerability to negative life events [25]. Accordingly, poor parents are less likely to be supportive of their children while at the same time they value obedience and power-assertive discipline [25].

Parents who were subjected to harsh treatment, abuse or neglect during their childhood are at a much higher risk of treating their own children similarly [9,26]. This explains why maltreatment behaviour was reported by all mothers who recalled being abused or neglected during their childhood.

The basic inability to provide good parenting seems to be what is transmitted since it is a learned type of behaviour through observation, experience and identification with caregivers. This is true for good as well as bad parenting [9].

Individuals' perceptions directly influence health-related behaviour [27]. In this study, mothers who reported child maltreatment had significantly lower perceptions of abusive and neglectful behaviour. Moreover, perception remained as an independent predictor of child maltreatment. Indeed, mothers' perceptions have an enormous impact as all sociodemographic factors and structural variables, such as knowledge and awareness, indirectly influence health-related behaviour through their effect on an individual's perceptions [27].

This study shed light on the extent and scope of child maltreatment. One potential limitation was the estimation of the prevalence of different forms of child maltreatment based on the mothers' reported behaviour *per se*. Also, this study did not attempt to investigate the frequency of a particular behaviour or its sequelae. However, a strength of the study is the use of a community-based sample, which minimizes selection bias and allows the findings to be generalized to the studied community. In addition, it has relevance for structuring prevention policies and programmes as it indicates potential targets for intervention. The determinants of maltreatment potentials which have been revealed might be helpful in identifying families at risk. Every attempt should be made to assist these families and to improve their management strategies.

Family planning activities appear to be an effective tool in reducing the risk of child maltreatment by timing pregnancies in relation to the mother's age. In addition,

maternal and child health services should prepare every expectant mother for parenting. Apart from increasing their knowledge about child development, it is of the utmost importance to raise their awareness about behaviour that constitutes child maltreatment, and about triggers of maltreatment as well as to promote the use of non-violent

approaches to child discipline. Only when mothers acquire better perceptions of what is considered child abuse and neglect, will child maltreatment be less likely to occur. Public awareness activities are an important part of an overall approach to addressing this problem.

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