

Assessment of Knowledge of Child Abuse in Suez Canal Area

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This cross-sectional descriptive study was designed to assess the knowledge of nurses in primary health care units and nursery supervisors (n=453) about the risk, developmental factors and behavioral problems that predispose preschool children (age 2-6 years) to psychiatric disorders and child abuse in Ismailia, Suez, and Port-Said governorates. A list of risk factors including physical, psychological and social predispositions, a short version of Boyd Developmental Progress Scale and the modified Arabic version of the Child Behavior Checklist (CBCL) were administered through a semistructured interview.

Results showed a satisfactory level of knowledge about the risk factors. Knowledge about the developmental milestones and delays was far from satisfactory and showed a lack of agreement on age-appropriate developmental skills. Nurses with longer duration of work experience were significantly more accurate in identifying risk & developmental factors.

There was a variation of agreement on knowledge about behavioral and psychiatric problems that were selected by child-care providers as requiring intervention. However, externalizing behavioral factors such as distractability, hyperactivity and aggressiveness predominated. Internalizing behavioral factors such as self-destructiveness, obsessive-compulsive and other problems followed. Results varied across different samples.

Child - care providers should receive systematic training to identify potential cases for a child abuse, and psychiatrically disturbed children particularly, developmental predispositions and behavioral problems.

(Egypt.J. Psychiat.,1993,16: 57 - 67).

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Introduction

Recent epidemiological studies suggest that between 10% and 15% of children suffer from psychiatric problems (emotional, developmental, and behavioral) and may need psychiatric intervention (Costelloy 1989). It is well recognized that effective implementation of mental health programs for children becomes difficult without adequate trained skillful personnel who will

establish the link between community and mental health plans for services. In recent years the most notable progress in the delivery of mental health is training of child care providers to provide psychiatric services in parts of remote rural areas in developing countries like Egypt. According to WHO (1991) global development of mental health programs should increase awareness of mental health personnel about mental health problems of children and introduce the necessary mental health skills into the primary health care to facilitate suitable psychosocial intervention through assessment and training in psychosocial knowledge and skills.

Anserwarld (1987) in discussing the importance of mental health knowledge and skills of child care providers mentioned that more than 50% of nurses reported an inefficient and a negative undergraduate clinical experiences and knowledge in mental health education related to child development and psychological problems. Furthermore, Costello, (1989) questioned the role of primary health care providers working in the field of prevention of mental health problems of children and suggested research to examine their knowledge and skills. Information about childhood mental disorders in developing countries like Egypt, is limited and it has been estimated that primary health care personnel working in the provision of child care can only recognize between 10% and 20% of these disorders (Giel et al., 1981).

Recognition and identification of risk factors, developmental, behavioral, psychological, and emotional problems in community children has important implications for the children themselves and the community in terms of both current disability and future disorders.

On the other hand, psychiatrically

disturbed and abused children (as an example of mental health problems of children) showed a higher incidence of mental retardation and speech difficulties (Elmer, 1965). Martin (1972) reported a study in which one-third of a sample of abused children were mentally retarded, 43% were neurologically damaged, and 38% exhibited delayed language development. Morse, Sahler, and Friedman (1970) discovered mental deficiency in 70% of a group of children whose injuries resulted from abuse or neglect.

Kempe (1976) observed delays in speech, motor, and social development in a group of thirteen preschool abused children. Abused boys and girls exhibited bodily awkwardness and poor motor coordination (Galdston, 1971).

Kempe (1976) noted that abused infants began to demonstrate delays in motor and social development. He also described impaired social responsiveness in these infants which became noticeable between six and twelve months of age. George and Main (1979) revealed social and behavioral impairment in abused infants and toddlers in comparison to non-traumatized normal control groups. These investigators observed that abused children from one to three years of age physically assault their peers in day-care setting twice as often as the non abused controls.

Behavioral observations of abused children have found them to be stubborn, unresponsive, negativistic, and depressed (Johnson and Morse, 1968), fearful, apathetic, and unappealing with reduction of their appetite for food and human contact (Galdston, 1965), and likely to provoke physical attack from others. Green (1968) documented a high incidence of self-mutilation in schizophrenic children who had been physically abused.

Child care providers represent the first line of primary prevention.

This study was designed to survey a representative sample of personnel working in the provision of care for preschool children (2-6 years) in the Suez Canal area. It was designed as part of efforts to evaluate the current status of knowledge of those child care providers about mental health risks and milestones of children

Subjects and Method

Study Design

This is a cross-sectional descriptive study to assess knowledge and awareness of nurses in Primary Health Care (P.H.C.) Centers, Maternal and Child Care (M.C.C.) Centers; and supervisors working in nurseries, kindergartens, and day-care centers. It is about risks, developmental, and behavioral factors that predispose preschool children in Suez Canal Area to child abuse and psychiatric disorders. The sampling method was a multistage cluster sampling.

Site of the Study

- (1) 21 nurses from 21 P.H.C. units in Ismailia rural areas.
- (2) 120 nursery supervisors from all the 43 nurseries in urban Ismailia city.
- (3) 23 nurses from all rural P.H.C. units in rural Suez villages.
- (4) 63 nursery supervisors from nurseries in urban Suez city.
- (5) 34 nurses working in the P.C.H. centers in M. C. H. Units in Port-Said governorate.
- (6) 192 nursery supervisors in Port Said city.

A total number of 453 child - care providers were interviewed to obtain their consent and explain the nature of study and elaborate on any misunderstanding.

Instruments

I-Assessment of knowledge about risks was obtained through a checklist of 22 risk factors including: (Rae-Grant et al., 1989) & Orraschel, 1990)

- prenatal factors, peridontal factors, neonatal factors, physical factors, familial and social factors. (including physical and sexual abuse).

Respondents have to check whether each item is important (yes), May be, or (or don't know) not important (no).

Risk factors included: adopted child, child whose parents are separated, divorced, child with one parent having psychiatric disorder, psychotic parent, illegal child, child of low socioeconomic family, child whose father is addict, foster children, child who lost one parent or brother (sister), handicapped children, child abuse, sexual, chronic maternal illness, child abuse, physical, child whose parents are not present all the times, medication in pregnancy, neonatal weight, order of delivery, multiple parity, neonatal age, fevers of the neonate, convulsions, jaundice of the neonate, cesarian section, artificial feeding.

II- Assessment of Knowledge about Child Developmental Progress

50 items from Boyd Neurodevelopmental progress Scale (Boyd, 1984) were used to elicit the cut-off age of appearance of developmental milestones which indicate developmental delays and subsequent concern for vulnerability to child abuse and / or psychiatric disorders. It covers three aspects of Motor, Communication, and Self- Sufficiency skills.

Respondents have to write down the maximum age after which a child's development is considered delayed, generally 6 months delay in the response was allowed before considering answer to be satisfactory or unsatisfactory (i.e. right

or wrong response).

III- Assessment of Knowledge about child behavioral problems which predisposes him to child abuse and psychiatric disorders and need immediate intervention

The Arabic form of the Child Behavior Checklist (CBCL) originally designed to obtain standardized reports on children's problems (from parents and teachers) was used. (El-Defrawi, 1992)

It contains 118 behavioral and emotional problems that could be analysed into two major groups, externalizing and internalizing factors. Respondent have to indicate whether the behavioral problems assessed is within normal, raises their doubts and concern or definably needs intervention.

Results

Table (1) shows the characteristics of the sample. There are two important observations. The first is that the majority

of child care providers have their education below the middle level i.e, less than 12 years of education. The second observation is that the majority of subsamples did not receive any courses about the child's physical and psychological development.

Table (2) shows agreement of nurses of P.H.C. nurses and nursery supervisors on the relative significance of important risk factors. Results showed that child abuse and physical periodontal and post-natal events were the most significantly recognized risk factors. Overall impression is that knowledge of risk factors appears satisfactory.

Table (3) shows knowledge of child care providers about developmental milestones and delays that raise their concern and must be referred for developmental psychiatric evaluation. Only items that were scored by 50% or more of the nurses or nursery supervisors were included.

Table 1
Characteristics of the Sample of Child Care Providers in Suez Canal Area

	Ismailia		Suez		Port-Said	
	Nurses	Supervisors	Nurses	Super visors	Nurses	Supervisors
Total Number.	21	120	23	63	34	192
Age, mean ($\pm$ SD) years	28 ($\pm$ 15)	30 ($\pm$ 10)	34 ($\pm$ 13)	25 ($\pm$ 16)	31 ($\pm$ 17)	35 ($\pm$ 10)
Educational status.						
- Below middle Ed.	19 (90.5%)	24 (20%)	7(30%)	45 (71%)	21(63%)	15 (8%)
- Middle Ed.	2 (9.5%)	50 (42%)	14(60%)	5 (8.0%)	9(27%)	138 (72%)
- Above and High Ed.	0 (0%)	46 (38%)	2(10%)	13 (21%)	4(10%)	39 (20%)
Previous Education about physical and Psychological Child Development.						
- Received.	0 (0%)	35 (29%)	9(40%)	13 (21%)	7 (21%)	87 (23%)
- Not.	21 (100%)	85 (70%)	14(60%)	50 (79%)	27 (79%)	105 (77%)
Duration of work in Child Care.						
- < 5 years.	11 (25%)	72 (60%)	18 (78%)	15 (24%)	—	159 (83%)
- > 5 years.	10 (48%)	48 (40%)	5 (22%)	48 (76%)	—	33 (17%)

An item was considered a correct response if the developmental period did not exceed 6 months for younger age (24-48 months) or 12 months (4-6 years).

Overall results show that knowledge of developmental milestones in most areas of functioning did not exceed 50% of test items.

Table (4) shows problems reported by child care providers as needing immediate psychiatric intervention. Only those above 50% agreement were reported. It should be noticed that the CBCL behavioral items were totally disagreed upon in different samples. Although, only behavioral problems that were scored by 50% or more of the personnel were used in the analyses, however, no meaningful conclusion could be drawn from this table except that the behavioral problems could not be scored into factors

(internalized or externalized) because of the unsatisfactory agreement on many behavioral problem.

We have decided not to group the subsamples and to analyses subsamples separately. For example, Spearman's rank correlation coefficient between the number of working years and the number of important risk factors scored was done in the group of nurses of P.H.C.C. of Port Said showed, $r = 0.46$ ($P < 0.05$) a statistically significant relationship. In the same group, a paired t-test was done to show if there any significant difference between nurses who studied child development and those who did not, $t = 2.6$, $P < 0.05$ i.e. those nurses who studied child development were more able to identify risk factors as important than those who did not.

Spearman's rank correlation coefficient done between the number of years

Table 2
Knowledge of Child-Care Providers about Important Risk Factors Predisposing
Children to Psychiatric Problems and Child Abuse

Site and Sample Risk Factor	Ismailia				Suez				Port-Said			
	P.H.C.		Nursery		P.H.C.		Nursery		P.H.C.		Nursery	
	Nurses		Superv		Nurses		Superv		Nurses		Superv	
	N	%	N	%	N	%	N	%	N	%	N	%
	21		120		23		63		34		192	
1- Child Abuse Physical.	21	100	54	45	0	0	63	100	10	30	177	92
2- Child Abuse Sexual.	21	100	55	46	0	0	63	100	24	71	186	97
3- Maternal Chronic Illness.	21	100	55	46	17	74	56	89	16	47	15	45
4- Multiparity.	21	100	30	25	17	74	56	89	27	80	14	42
5- Jaundice at Birth.	21	100	18	15	14	61	63	100	34	100	16	45
6- Physical Disability.	21	100	60	50	23	100	63	100	29	85	18	54
7- Child Chronic Illness.	21	100	60	50	21	91	63	100	31	91	12	36
8- Parental Psychiatric Ill.	21	100	81	68	22	96	63	100	9	27	11	33
9- Divorced Parents.	21	100	86	72	22	96	57	91	34	100	10	30
10- Institutionalized Child	21	100	69	56	22	96	58	92	33	97	18	54
11- Migrant Parents.	21	100	40	33	23	100	58	92	30	88	7	21
12- Caesarian Section	5	24	18	15	17	74	47	74	2	6	6	18
13- Birth Weight.	15	71	30	25	20	87	63	100	6	18	5	15

* Responses are not mutually exclusive.

Table 3
Knowledge about Developmental Factors (Boyd Developmental Progress Scale)
*Number of Correct Items that were Scored by 50% or More of the Samples **

Site and Subjects Developmental Sector	Ismailia		Suez		Port-Said	
	Supervisors in Nurseries	P. H. C. C Nurses	Supervisors in Nurseries	P. H. C. C Nurses	Supervisors in Nurseries	P. H. C. C Nurses
Motor Skills (Total 17 items)	7/17	8/17	8/17	7/17	7/17	3/17
Communication Skills (Total 16 items)	12/16	10/16	8/16	8/16	7/16	3/16
Self-Sufficiency Skills (Total 17 items)	8/17	8/17	8/17	8/17	3/17	4/17

* 6 months differences behind or ahead of each developmental milestone were considered for ages 24-48 months, and 12 months behind or ahead for ages four to - six years.

** Figures indicate the number of correct and age-appropriate, passed, responses (above), and below is the number of items tested.

of experience and the number of identified child behavioral problems showed that $r=0.53, P<0.01$ i.e. the more the years of experience, the more the nurses will be able to report risk factors as highly important. In the group of nurses in P.H.C.C. in Ismailia, the years of previous experience (below 5 years and more than 5 years) showed a statistically significant association with identification of risk factors ($P<0.05$), identification of adequate and satisfactory knowledge of developmental milestones ($P<0.05$) and some of the internalizing behavioral factors like social withdrawal ($P<0.05$) and self-destructiveness ($P<0.05$).

In the group of nursery supervisors in Suez, there was a significant relationship between educational level and knowledge of risk factors (One Way ANOVA, $F=8.94, P<0.01$).

In the group of nurseries supervisors in Port-Said, there was a statistically significant association between studying child developmental psychology and identification of risk factors ($t=2.09, P<0.05$) with identification of satisfactory developmental milestones ($t=14.18,$

$P<0.001$) and with identification of significant behavioral problems ($t=25.88, P<0.001$). In the same group attending previous training courses was statistically and significantly associated with identification of adequate developmental milestones ($t=21.73, P<0.001$) and psychiatric and behavioral problems ($t=6.4, P<0.001$). Also, in the same group, there was a positive significant association between years of education and knowledge about developmental skills ($F=4.85, P<0.05$). The relationship between educational level and knowledge of behavioral problems showed a statistical significance ($F=17.8, P<0.001$). The relationship between studying child psychology and development and identification of risk factors appears statistically significant ($t=4.22, P<0.05$).

Discussion

Recent progress in epidemiological studies of psychiatric disorders in children have pointed the way toward a new, experimental phase for research. Such investigations should include examination of current knowledge of primary health care personnel about risk factors, devel-

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Table 4
Problems Reported by Child Care Providers as Indicating Child Abuse
and/or Psychiatric Referral (Only those above 50%)

Site and Subjects	Ismailia		Suez		Port-Said	
	Nurseries	P.H.C.C	Nurseries	P.H.C.C	Nurseries	P.H.C.C
Behavioral Problems						
I- Externalizing Factors						
1- Aggressiveness	- Seems preoccupied with sex 100%.	- Preoccupied with sex 100%	- physical problems 44%	- Uses drugs 58%.	- Sensitive 77%.	
2- Hyperactivity.	- Uses drugs 100%.	- Uses alcohol or drugs 100%	- problems with eyes 91%	- Steals 56%	- Too fearful or anxious 71%.	
3- Distractability	- Acts too young for age 80%.	- Harms younger child 90%	- rash 87%	- a- Deliberately harms self or attempts suicide 53%.	- Uses drugs 71%.	
4- Social withdrawal.	- Harms younger children 91%	- talks about killing self 86%	- feels dizzy 78%	- Physical Problems without known medical cause 50%.	- Physically attacks others 59.5.	
II- Internalizing Factors						
1- Anxiety.	- Talks about killing self 86%.	- Poorly co-ordinated or clumsy 71%	- Poorly co-ordinated or clumsy 71%	- vomiting 52.2%	- Poorly coordinated or clumsy 59%.	
2- Unpopularity.	- Wants to be a girl (or boy) 61%	- Worrying 57%	- steals 65.2 %	- sexual problems 52%	- 2- Nervous movements or twitches 59%.	
3- Self-Destructiveness.	- Nervous movement or twitches 71%.	- Secretive, keeps things to self 52%			- Shy or timid 58%.	
4- Obsessions and Compulsions.	- Repeats certain acts over and over 67%.	- Stubborn 57%			- Swearing or obscene language 58%.	
5- Other Problems.	- Suspicious 57%.	- Picks sexual organs 57%			- overtired 58%.	
	- Disobedient at school 52%.	- Sulks a lot 52%			- Unhappy, sador depressed 56%.	
	- Stubborn, sullen, imitable 57%.	- Likes to be alone 52%			1- Sudden change in mood 47%.	
	- Picks his sexual organ excessively 57%.	- Not liked by other children 52%			- Stubor sullen imitable 47%.	
	- Sulks a lot 52%.	- Fear certain animals, 57% situations.			- Nervous movements or twitches 54%.	
	- Worrying 57%.	- Nervous movements 71%			- Night mares 56%.	
	- Clings to adult or too dependent 52%.	- Repeats certain acts 67%			- Usually loud 53%.	
	- Not liked by other children 52%.	- Stares blankly 57%				
	- Picks nose, skin or other 86%.	- Feels other are out to get him 57%				
		- Suspicious 57%				
		- Disobedient at 52%				
		- Hurts alot 52%				
		- Allergy 85%				
		- aches/pains 85%				
		- headache, eye problems 85%				
		- Nervous movements 66%.				

* N.B. Responses are not mutually exclusive, only responses indicating that behavior definitely needs psychiatric intervention were reported.
Behavior items scored by 50% or more of the child care providers were included.

opmental and behavioral correlates of major public mental health problems (Earls, 1989) Primary health care personnel are usually the first people to be asked for help. They are the primary observer of deviant behavior or developmental deviation of the child. Costello (1986) and Costello and Pantino (1987) pointed to the role of knowledge of primary care providers who act as gatekeepers and carry out some sort of assessment and referral.

Nurses and nursery supervisors identified child physical & sexual abuse as important risk factors in most of the samples. However, there was a trend in some of the samples to identify physical risk factors rather than psychosocial factors. In general, knowledge of child-care providers about risk factors showed a satisfactory level of child mental health concepts. This is particularly so, when considering work experience and previous exposure to child developmental and mental health courses.

Nurses and nursery supervisors are the primary gate-keepers of our society. With an adequate mental health system, many of unidentified preschool children at risk for developing psychiatric disorders and/or exposed to child abuse will be identified and given the necessary service. Costello, 1989, pointed out to the fact that while about 22% of pediatric primary care patients have some sort of psychiatric disorders, only 3.8% were identified by the mental health child care personnel.

In our study, nurses and nursery supervisors failed to show a satisfactory knowledge of developmental milestones. Those with longer experience more education and previous training showed more or less adequate recognition and identification of developmental skills.

Failure of child care providers to iden-

tify appropriate behavioral problems indicate their need for exposure to courses and training in child mental health knowledge and skills.

In conclusion, our results have shown utmost need to educate, train and reassess personnel working in the field of child mental health services and other pediatric fields. Programs for training and education should work in collaboration with academic institution, public health agencies and the ministry of health.

In addition, further research is needed to evaluate the positive and negative impact of improving quality and calibre of primary health care providers and the personnel performance and services rendered. Continuous educational programs should target Knowledge about child mental health and skills needed to identify high risk children vulnerable to developmental, psychiatric and emotional disorders.

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L' Evaluation de La Connaissance de L' Abus des Enfants dans la Région du Canal de Suez

Cette étude descriptive et cross - sectionnelle a été désignée pour l'évaluation de la connaissance des infirmières dans les unités de soins primaire de santé, et des superviseurs des pouponnières (n = 453), en ce qui concerne le risque, les facteurs développementaux et les problèmes de comportement qui prédisposent les enfants d'âge préscolaire (Âge : 2 - 6 ans) aux troubles psychiatriques et à l'abus des enfants au région d'Ismailia, Suez et de Port - Saïd. On a administré, à travers une entrevue semi - structurée, une liste de facteurs de risque qui contient les prédispositions physiques, sociaux et psychologiques, une version courte de la série du progrès de développement de Boyd, et la version arabe de la liste de conduite de l'enfant.

Les résultats ont montré un niveau de connaissance satisfaisant concernant les facteurs de risque. La connaissance des bornes kilométriques de développement et leur retard n' a pas été satisfaisant, et a montré une manque d'accord en ce qui concerne l'âge approprié des habiletés développementaux.

Les infirmières qui ont une plus grande durée d'expérience de travail ont été considérablement plus justes en identifiant les facteurs de risque et de développement.

Il y a une variation d'accord à propos de la connaissance des problèmes psychiatriques et comportementaux qui avait été choisis par les pourvoyeurs de soin des enfants comme besoin d'intervention.

En tout cas, l'externalization des facteurs de comportement comme la distractabilité, l'hyperactivité ont prédominé. L'internalization des facteurs de comportements, comme la destruction de soi, l'obsession compulsive et les autres, problèmes ont suivi. Les résultats ont différé avec les divers échantillons.

Nos résultats ont montré que les pourvoyeurs de soins des enfants doivent recevoir un entraînement systématique concernant les cas potentiels d'abus des enfants et des enfants troubles psychiatriquement, particulièrement la prédisposition développementelle et les problèmes de comportement.

تقييم معرفة سوء معاملة الطفل في منطقة قناة السويس

تهدف هذه الدراسة إلى تقييم معرفة القائمين على الرعاية الصحية للأطفال في الوحدات الصحية الأولية ودور الحضانه في منطقة قناة السويس بشأن عوامل المخاطرة والتأخر في معالم النمو والمشاكل السلوكية التي قد يتعرض لها الأطفال وتعمد لسوء معاملة الطفل وظهور الاضطرابات النفسية، وقد اختيرت عينة تتكون من أربع مائة وثلاثة وخمسين ممرضة ومشرفة على دور الحضانه من المحافظات الثلاث في منطقة قناة السويس (الاسماعيلية - بور سعيد - السويس) - وتم تقييم معرفة هؤلاء الممرضات والمشرفات باستخدام قائمة تحتوي على إثنين وعشرين عامل مخاطرة، واستبيان يحتوي على خمسين بنداً تمثل خطوات ومعالج نمو العصبي للأطفال من سن سنتين إلى ستة سنوات، بالإضافة إلى قائمة وصف سلوك الطفل والتي تحتوي على مائة وعشرين نمونجاً سلوكياً يمثل مشاكل قد يتعرض لها أو يعاني منها الأطفال.

وقد أجريت مقابلة شبه مقننة لشرح هدف البحث وطلب من الممرضات والمشرفات من خلالها تحديد أهمية عوامل المخاطرة والعمر الذي لم يحقق الطفل خلاله النمو اللازم التي يجب عرضها على الاخصائيين ويستوجب التدخل العلاجي - كما طلب منهم تحديد الأولويات السلوكية أو المشاكل التي تستلزم تحويل الطفل لأخصائيين في الأطفال أو الصحة النفسية. وأظهرت النتائج قدرأ مرضياً من المعرفة بشأن عوامل المخاطرة حيث وصلت بعض النسب التي اتفق عليها إلى ١٠٠٪ من العينة لمعظم العوامل، أما المعرفة بمعالج النمو فقد كانت أقل من المرضي أو المطلوب حيث لم تتعرف ولم تحدد أكثر من ٥٠٪ من المبحوثات نسبة أكبر من ٥٠٪ من الخطوات النمائية المحددة، وبمعنى آخر فإن أكثر من ٥٠٪ من الممرضات والمشرفات عرفن أقل من ٥٠٪ من المعارف اللازمة للتعامل مع الطفل، أما الاستجابات بالنسبة للمشاكل السلوكية فقد كانت عشوائية ومختلفة ولم يمكن تحليلها احصائياً، وقد يكون ذلك لعدم معرفة الممرضات بالجوانب النفسية والسلوكية للأطفال، ويناقش البحث أهمية النتائج بالنسبة لبرامج الصحة النفسية للأطفال وتدريب القائمين على رعايتهم وإقامة مشاريع بحثية وقائية.