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The Magnitude of the Child Maltreatment Problem in Alexandria: Governorate Documentation

حجم مشكلة إيذاء الأطفال في الإسكندرية: وفقًا لوثائق المحافظة الرسمية

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Abstract

Child maltreatment (CM) is not always documented or reported, and as such, estimates of the prevalence of violence against children are inaccurate while true rates remain unknown. Researchers have established that physicians have unsatisfactory knowledge, attitudes, and report of CM.

The purpose of the present research is to assess the magnitude of CM within the Alexandria Governorate and to formulate a simple graphical guideline for physicians to follow in CM cases.

A list was adopted from World Health Organization (WHO) guidelines to record known and suspected CM cases to assess the magnitude of the problem within the governorate and how CM cases are being managed; the checklist was then modified according to the available data.

Three hundred ninety-six children had been exposed to different forms of CM in 2019 according to official documentation, mostly boys. In most cases, danger had been confirmed, and a single person was the most common perpetrator. Investigations were conducted in most of the cases, and most of the child victims received psycholog-

Keywords: Forensic science, governorate documentation, child maltreatment, Alexandria, child protection services.

المستخلص

لا يتم دائمًا توثيق حالات إيذاء الأطفال أو الإبلاغ عنها، وبالتالي فإن تقديرات انتشار العنف ضد الأطفال غير دقيقة، في حين أن النسب الحقيقية لا تزال مجهولة. وقد أثبت الباحثون أن الأطباء لديهم معرفة واتجاهات غير مُرضية وتقارير غير كافية بشأن إيذاء الأطفال.

هَدَفَ البحث الحالي إلى تقييم حجم إيذاء الأطفال في محافظة الإسكندرية ووضع دليل بسيط يتبعه الأطباء في حالات إيذاء الأطفال.

وقد تم اعتماد قائمة من إرشادات منظمة الصحة العالمية لتسجيل حالات إيذاء الأطفال المعروفة والمشتبه بها لتقييم حجم المشكلة داخل محافظة الإسكندرية وكيفية التعامل مع حالات إيذاء الأطفال؛ وتم تعديل القائمة وفقًا للبيانات المتاحة.

تعرض 396 طفلاً لأشكال مختلفة من الإيذاء في عام 2019 وفقًا للوثائق الرسمية، وكان معظمهم من الأولاد. وفي معظم الحالات، تم تأكيد الخطر، وفي الغالب كان المُعتدي شخص واحد فقط. وتم إجراء تحقيقات في معظم الحالات، وتلقى معظم الأطفال الضحايا الدعم النفسي. وتحسنت ظروف الأطفال في معظم الحالات، من حيث التشخيص.

الكلمات المفتاحية: علوم الأدلة الجنائية، وثائق المحافظة الرسمية، إيذاء الأطفال، الإسكندرية، خدمات حماية الطفل.

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ical support. In terms of prognosis, the child's circumstances improved in most cases.

Our research revealed that child neglect was the most common form of CM reported in Alexandria, with more boys being exposed than girls. A familiar person was the alleged perpetrator in most of the studied cases, mainly a parent. Cases were managed through multidisciplinary approaches, with the coordination of many agencies and continuous follow-up for most victims.

أظهرت دراستنا أن الإهمال العائلي كان هو الأكثر شيوعًا لحالات إيذاء الأطفال المُبلِّغ عنها في الإسكندرية، حيث تعرض الأولاد أكثر من البنات للإيذاء. وفي الغالب كان أحد الوالدين هو المتهم في معظم الحالات التي تم دراستها، وتم التعامل مع الحالات من خلال منهج متعدد التخصصات، وبالتنسيق مع العديد من الوكالات والمتابعة المستمرة لمعظم الضحايا.

1. Introduction

The Convention on the Rights of the Child declares and urges respect for the human rights of children and calls to stop all types of violence or maltreatment against children. For many years now, recognition of the nature and consequences of violence against children has steadily increased. Still, CM is not frequently documented or reported; consequently, accurate estimates of the magnitude of the problem remain unavailable. This underreporting might be due to several reasons, including cultural acceptance, tacitly condoning, or perception that CM is not necessarily abusive. Many CM victims are young and too vulnerable to protect themselves from mistreatment or to disclose it, and the legal system struggles to respond when victims deny the violence, and child protection services are unavailable [1].

A previous study in Alexandria teaching hospitals showed that physicians' knowledge, attitudes, and reporting of the signs and social indicators of CM were unsatisfactory. Physicians in Alexandria demanded clinical training and education sessions to improve their skills in diagnosis, reporting, and clear procedures for CM cases. In the absence of such systematic education, the present research aimed to assess the magnitude of the CM problem within the Alexandria Governorate and to formulate a simple graphical guideline that physicians can follow in CM cases [2].

2. Method

An observational checklist was used to collect data directly from the General Unit for Child Protection Committee, Alexandria Governorate on cases of children reported to child welfare authorities because of suspected CM where workers reported the results of their investigations and interventions. The details about the specific maltreatment incidents, child, and alleged perpetrator characteristics from January to December 2019 were recorded.

A list was adopted from World Health Organization (WHO) guidelines [3]. to record known and suspected cases of CM to assess the magnitude of the problem within the governorate and determine how to manage CM cases. This adoption was validated by three professors (two from the forensic department and one from the community medicine department). The checklist was modified according to the available data. The available 2019 confidential data on CM cases were ultimately analyzed against the five sections of the checklist that was adopted:

- Characteristics of the child: gender, age, address, and child education.
- Details of maltreatment: the authority who received the allegation, case status (was danger confirmed or not), type of maltreatment, and severity of the harm (risk assessment).
- Characteristics of alleged perpetrator(s): gender, relationship to child.
- Case investigations: Was a case investigation conducted? If not, why? Which case management agencies intervened?

- Case interventions: type of support provided, support service provider, the reason for not providing the service, case prognosis, and case file outcome.

Data analysis and ethical considerations: SPSS version 20.0 was used for the data entry and analysis [4, 5]. The Institutional Review Board of Medical Research Institute-Alexandria University approved the study (IRB 0121026, FWA 00018699) on November 16, 2017, and data were collected anonymously to ensure confidentiality.

3. Results

Three hundred ninety-six children in Alexandria Governorate were officially documented as having been exposed to a form of CM from January to December 2019 by the General Unit for Child Protection Committee .

3.1 Characteristics of maltreated children

Sixty per cent of the maltreated children were boys, with children between 10 and less than 15 years being most affected (37.1%). Most of the maltreated children (44.9%) were in primary school, and the highest proportion of cases (47.2%) was in what is known as the shark area of the East zone (Table1).

3.2 The authority that received the allegation

Child helpline partner associations received half

Table 1- *Distribution of the studied cases documented officially by General Committee for Child Protection according to characteristics of the child (n = 396)*

Characteristics of the child		No.	%
Gender	Male	243	61.4
	Female	153	38.6
Age	<2 years	9	2.3
	2 - <5 years	82	20.7
	5 - <10years	122	30.8
	10 - <15 years	147	37.1
	15 - 18 years	36	9.1
Education	Not yet	88	22.2
	Does not write or read	54	13.6
	Primary	178	44.9
	Preparatory	67	16.9
	Secondary	9	2.3
Address	El-Amreya	6	1.5
	Al-Ajami	64	16.2
	Garb	5	1.3
	El-montazah	74	18.7
	Borg Al Arab	59	14.9
	Shark	187	47.2
	El-Gomrok	1	0.3

of the CM cases, and the child helpline received nearly half (43.7%). Further, the General Unit for Child Protection Committee, National Council for Childhood and Motherhood , and Child Protection Subunit received the remaining 3%, 2%, and 1.3%, respectively.

3.3 Types and severity of child maltreatment

The danger was confirmed in 98.7% of the CM cases. By type of maltreatment, 66.2% of the children had been neglected and 15.9% and 14.1% were exposed to physical and psychological abuse, respectively. Sexual abuse was documented in 2.3% of the cases, while exploitation was seen in 1.5%. By the severity of harm, 65.9% of children were at moderate risk and 29.3% were at high or imminent risk; these children were deemed to require rapid intervention in contrast with 4.8% who had been considered at low risk.

3.4 Characteristics of alleged perpetrators

A single perpetrator was the most common (83.1%), most often a parent, while 17.4% of assailants were strangers. In a small number of cases, the perpetrator was a teacher, school principal, or another school specialist, Table 2.

3.5 Case investigations

Most cases (94.9%) were investigated, while in the remaining cases, investigations were not com-

Table 2- *Distribution of the studied cases according to characteristics of alleged perpetrator (s) (n = 396)*

Characteristics of alleged perpetrator (s)		No.	%
Gender	Male	159	40.2
	Female	168	42.4
	Male and female	67	16.9
	Unknown	2	0.5
Relationship with the child	Father	137	34.6
	Mother	152	38.4
	Father and mother	1	0.3
	Brother / Sister	3	0.8
	2 - <5 years	4	1.0
	Stepmother / stepfather	7	1.8
	Cousin	1	0.3
	Another family member	3	0.8
	A teacher, a school principal, or a school specialist	9	2.3
	Homeowner / Neighbor	3	0.8
	Friend	2	0.5
	A hospital employee (doctor / nurse / hospital manager)	1	0.3
	Stranger	69	17.4
	Known but no relation	4	1

pleted for various reasons, including the determination that an allegation was not true, or a child was above 18 years (5% for each case). The agency most involved in the case management of the CM cases was the helpline associations (90.7%) as shown in Table 3.

3.6 Agency interventions and child prognoses

Most of the children (65.4%) received psychological support, followed by social support, which included financial support, skills development, rehabilitation, integration, and shelter. Nearly 10% of the cases received health support, and a small percentage received education support, but only 1% received legal support. The National Association child helpline partners, with the help of other agencies, provided all the interventions, and the children's circumstances improved in most of the cases (92.6%); see Table 4. Table 5 presents the outcomes of the children's cases after they had received their services and case follow-up.

4. Discussion

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Table 3- *Distribution of the studied cases according to conduction of investigations (n = 396)*

Case investigations		No.	%
Was a case investigation conducted?	No	20	5.1
	Yes	376	94.9
	If not, why?	(n = 20)	
	Child not found	17	85.0
	The allegation is not true	1	5.0
	Referral to the Protection Committee	1	5.0
	The child is over 18 years old	1	5.0
The case management agencies		(n = 376)	
	General child Protection Unit with Help line associations	30	8.0
	Child protection subunit with Help line associations	5	1.3
	Help line associations alone	341	90.7

Table 4- *Distribution of the studied cases according to case interventions (n = 376)*

Case interventions	No.	%
Type of support provided *		
Social support	145	38.6
Health support	37	9.8
legal support	4	1.0
Psychological support	246	65.4
Educational support	10	2.7
Type of social support	(n = 145)	
Financial support	79	54.5%
skills development sessions	10	6.9%
Rehabilitation and integration	46	31.7%
Attaching to a shelter	10	6.9%
Type of Health support	(n = 37)	
A referral to medical specialist	10	27%
Provide medication	17	45.9%
Provision of a prosthetic device	2	5.4%
Provide intensive care	1	2.7%
Speech sessions	7	18.9%
Type of legal support	(n = 4)	
A referral to a legal body	2	50%
Attendance of a legal representative	1	25%
Filing a lawsuit for alimony	1	25%
Support service Provider*		
The National Association partner of the child helpline	376	100%
The Ministry of Education	8	2.1%
Ministry of Interior (Civil Status)	3	0.8%
Health center	2	0.5%
private hospital	3	0.8%
Ministry of Health	1	0.3%
Private doctor	2	0.5%
Ministry of Interior (Juvenile Police)	1	0.3%
Case prognosis		
Case improved	348	92.6%
Case not improved	21	5.6%
Service not provided as the child's guardian refuse	6	1.6%
child traveled and did not enroll	1	0.3%

Table 5- *Distribution of the studied cases according to outcome (n = 396)*

Case file Outcome	No.	%
Still open	148	37.4
The child's family refused to complete the case management plan	13	3.3
Closed after providing all services available to the child	217	54.8
Closed for the disappearance of the child	16	4
Refer the child to another agency	1	0.3
Closed due to the child reaching the age of 18	1	0.3

Child Protection Committee and child helpline, Alexandria Governorate, in 2016 recorded that 301 children were exposed to different forms of CM, which indicates an increase in the cases and violence against children in the community, this means that the cases are increased according to the results of the present research [6].

4.1 Characteristics of maltreated children

In 2019, more boys (61.4%) were maltreated than girls according to the General Committee for Child Protection data, and the WHO identified the same results in the Riyadh and Saudi Arabia region (72.1%). The WHO also established, however, that boys and girls universally are at equal risk of physical and psychological abuse and neglect, while girls are at greater risk of sexual abuse [7, 8]. Boys have more access to outdoor activities than girls do and being active could lead boys to get in more trouble and be more vulnerable to physical punishment, whereas girls tend more to play indoors.

Children aged 10 to 15 had been maltreated more than younger children, in direct contrast to findings from the National Incidence Study issued by Child Welfare Information Gateway in the United States; in that study, younger rather than older children suffered from CM. Children aged three and younger had been abused at the rate of 15 per 1000 in 2017, compared with 10 per 1000 children aged four to seven, 8 per 1000 children aged eight to eleven, 7 per 1000 children aged twelve to fifteen, and 5 per 1000 children aged sixteen to seventeen (all in 2017).[9]. However, the findings from the current study correspond to the results from Saudi Arabia (45%), [7, 10]. Tanzania [11]. Croatia [12]. and a previous study in Alexandria [13]. In a study of sexual abuse in the Suez Canal from 2004 to 2009, 88.3% of the CM victims were over 10 years [14].

This was usually explained by cultural and religious beliefs according to which parents begin disciplining children at the age of 10 and discipline usually involved maltreatment. Conversely, parents did care about their children's general health and education, which explained how most of the maltreated children [44.9%) were well-educated. In the present study as well as in a study conducted in Dammam, Saudi Arabia, students in the largest proportion of cases were in primary school (38%) [10]. In this study and in another study by the Alexandria Governorate in 2013, nearly half of the cases were living in the shark area [15]. The shark area is one of the most crowded areas in the city.

4.2 Details of cases

The Child Protection Services with Child Helpline offer a platform for receiving and documenting

child complaints in collaboration with the ministries involved and the social sector working in this area. Both the ministries and the social sector have helped to minimize incidents of CM and increase child safety through early detection and rapid intervention [16]. In most of the cases, a national association partner of the child helpline receives the call, and in another large percentage of cases the child helpline receives the call directly; nearly all cases were confirmed. A smaller percentage has been met in Saudi Arabia as seen in the annual referral rate of CAN cases to the Family Protection Department 2008 (70.7%). This dissimilarity might be attributable to increased public awareness of CM and the fact that multiple sources reported CM cases [17].

In the present study, child neglect was the most common form of CM in 2019 (66.2%), with another 14.1% exposed to psychological abuse. In contrast, in a 2012 report, emotional violence was the commonest form of CM, recorded in 72% of the cases in Alexandria, 76% in Cairo, and 86% in Assiut, while neglect affected under one-quarter of the children surveyed in Alexandria and Cairo [18]. In a WHO study, psychological abuse was the most common form of CM (36%); an additional 23% of children suffered from physical abuse, and 18% from sexual abuse (8% for boys). In the WHO study, only 16% of children had suffered neglect [8].

However, in the Child Welfare Information Gateway, neglect was the most recorded form of child violence. In 2017, 7 per 1,000 children were confirmed to have been neglected, compared with 2 for physical abuse, 1 for sexual abuse, and 1 for psychological abuse [9]. This disparity suggests an improved understanding of neglect as a form of CM but also suggests that sexual abuse still has a stigma leading to a considerable unwillingness to speak out about it.

By the severity of harm, most children were at moderate risk in the 2019 cases in this study and nearly one-third were at high or imminent risk. In contrast, the rate of severe child abuse in Europe was less than 7%, and around 10% in the United States and Canada [19]. Conversely, child abuse in developing countries is more serious; the rate of severe abuse in Egypt and the Philippines was 26% and 21%, respectively [20]. These high rates of severe abuse in less developed nations could be correlated with unemployment, poverty, and poor quality of life [21].

In the current work, a slightly higher number of perpetrators were female, this is also the case in studies conducted in Tanzania,[11]. in the United States in 2010 (56.2%)[22]. and in 2012 (54%) [23]. This could be due to socially dysfunctional family patterns as well as discontent with unemployment, sickness, housing issues, and other pressures associated with inadequate wages and low socioeconomic status. The cultural model of raising children in Egypt legitimizes the corporal punishment of children [24]. Indeed, in general in developing countries, two in five caregivers approve of corporal punishment, especially smacking, and many are less conscious of the long-term negative effects of punishment, including even changing a child's personality [25]. Meanwhile, in a study focused only on child sexual abuse and conducted in Sohag, Egypt, more perpetrators were male (83.6%) than female (16.4%) [26].

In the current research, the assailant was unknown in only 0.5% of the cases, and a slightly higher percentage, 1.1% was reported in the United States [22]. These findings are a good indicator of the need for improvement in interviewing skills and documentation. Further, in the present study, a familiar person was the alleged perpetrator in most cases, and this finding was similar to results reported in studies conducted in Saudi Arabia,[7]. Chi-

na,[27]. Croatia,[12]. and Canada [28]. Outsiders are rarely active in CM cases because they lack the same access to children as familiar individuals [29].

Among most of the cases in this research, the alleged perpetrator was the mother or the father, with this being the case in Saudi Arabia as well; in that study, a parent was the perpetrator in 48.9% of the cases [17]. In another study in the United States, the parents of 81.1% of the children in CM cases were the perpetrators, with mothers responsible for the abuse in 38.8% of the cases [22]. The same was also seen in Australia,[30]. (Gilbert et al.) found that apart from sexual abuse, parents or substitutes were the perpetrators in 80% or more of the maltreatment cases [31]. Teachers, school principals, or other school specialists were the alleged perpetrators in a small percentage of cases in this study, in contrast with Saudi Arabia, where school staff were the perpetrators in 35% of the cases; the result from Saudi Arabia was based on survey data, whereas in the current study, the data are considered to be accurate reflections of truly reported cases [32].

4.3 Case investigations

CM in many cases is preventable. Data from high-income countries indicate that CM incidence is closely related to potentially modifiable variables such as economic disparity, parental illiteracy, inadequate infant monitoring and parental oversight [33, 34]. However, there has been little clarity on what happens once a claim of child abuse or neglect is filed or on any child protective services outcomes [35].

In this study, the National Association partner of the child helpline investigated the majority of the cases, and investigations were conducted in most cases (94.9%); the investigation was not possible in a small number of cases (5.1%) for a range of reasons (child disappeared or was 18, the allegation was deemed untrue). Of the 355,935 CM notifications reported in 2015–2016 in Australia, 46.3% were investigated or are investigated [36].

4.3 Agency interventions and child prognoses

In this study, the children mainly received psychological support (65.4%); health support was provided in 9.8% of the cases and only 1% received legal support. These findings were in partial agreement with the findings by Vincent and Palusci in the United States [37]. In that study, social services were the most commonly provided support followed by psychological services. In the United Kingdom, meanwhile, the government provides free child care, financial assistance for families, and work-pay policies [38].

In Egypt, after a report of mistreatment, child protection services provide appropriate treatment and then refer some cases to other agencies such as the Ministry of Education and the Ministry of Interior as well as private hospitals, health centres, private doctors, and even the Ministry of Health. In nearly all cases in this study (92.6%), the children's circumstances improved after receiving support services; there was no improvement in 5.6% of the cases, and a very small number of children received no services (guardian refused or the child travelled and was not enrolled). These findings are a good indicator of the quality of the services offered. In a study by McCurdy and Daro, almost half of the families in which violence was substantiated received no treatment other than investigation as a pretense [39]. The U.S. Department of Health and Human Services and Child Welfare Information Gateway found that in 2001, only 55.8% of children in CM cases had access to any services [40]. Indeed, more recent scholars have proposed that "child welfare experts, professionals, and the general public all agree: the structure of child protection services is in

turmoil and desperately needs to be reformed."[35]. Regarding the case file outcomes, more than half of the case files (54.8%) in this study were closed after the child had received all available services; 37.4% of the case files were still open, and 4% of the case files were closed because the child disappeared. In an earlier study, Gilbert et al. found low input from child protection agencies and a lack of long-term follow-up strategy [41].

5. Recommendations

This study presents data on the magnitude of the CM problem aiming to fill in the gaps in physicians' attitudes, knowledge, and practices related to CM. These data can support in formulating clear clinical guidelines for CM to be followed in Egypt and other Arab countries including the recognizing signs of several types of CM and mandatory reporting and documentation of such cases with deep knowledge of each country's legislation. It is important for each physician to clearly know that they are one of those mandatory CM reporters and the reporting responsibility when suspecting CM case obligates them to do that by themselves as it cannot be shifted to a supervisor or someone else. For that, the medical students need a separate session for undergraduates in the final year about CM and to be repeated in short in the first year after graduation (one day session).

Further epidemiological studies are needed to establish the relationship among CM, parental education, socioeconomic status, size of the family, and the job status of the mother, who often is the primary caregiver. This study will offer a better identification and understanding of the underlying familial issues that can lead to CM.

Although the Egyptian government should develop a national strategic plan to establish a policy of zero tolerance for all forms of violence against children and increase the number of specially qualified persons to address CM and financial resources; these efforts can help in identifying children at risk and providing them with supportive services. The Egyptian government should also develop a centralized system to monitor and collect complete data based on scientific methods and clear national indicators. Data over time will be essential in establishing the true scope of CM in Egypt.

Limitations of the study: There is an overall limitation that data on CM are incomplete because documentation and reporting are poor, and this is caused by the absence of specific training for physicians and other support staff who could help.

Conflict of interest

The authors declare no conflicts of interest.

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