Physical child abuse and causative factors in Edirne, Turkey

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The aim of this study was to identify the frequency and causative factors of physical child abuse and any correlations with other domestic violence types.

In a representative sample of 15-49-year-old married women living in Edirne chosen with stratified cluster sampling, 275 women were interviewed face-to-face in their residence or places of employment. The questionnaire used included any violent behavior of the women or their husbands toward their children as well as demographic features, habits, Marriage Relation Scales, Multidimensional Scale of Perceived Social Support, history of partner abuse, and childhood violence exposition.

The physical child abuse rate was 61.1% among the women and 20.7% among the husbands according to the women's declarations. Social support was not associated with child abuse rates. Child abuse rate among the women was increased 2.7 times in the presence of the partner's child abuse, 1.6 times with each additional child, 3.1 times in the presence of a history of physical childhood abuse, and 1.9 times in the presence of a history of partner abuse. Child abuse by the husbands was increased 2.9 times in the presence of physical childhood abuse history and 2.3 times in case of partner abuse.

Child abuse is widely seen although morally unacceptable in contemporary society. Violent behaviors spread out horizontally among family members and vertically through generations, although at decreasing rates. Healthcare professionals should behave in a sensitive manner and take responsibility together with those from other related fields to prevent this condition, which can result in several social complications.

Key words: child abuse, women, Turkey.

Child abuse is the physical, emotional or sexual abuse of an individual under 18 years old by a legal parent or other adult. On the other hand, child negligence is defined as inappropriate parenting and care that can lead to harm and can be seen in physical, emotional, educational, or medical aspects[1]. It has been reported that up to 30% of children in the United States have been victims of abuse. Out of the abused children, 60.9% were neglected, 18.9% were subjected to physical violence, 9.9% were sexually abused, 4.9% were psychologically or emotionally abused, and finally 2.3% were medically neglected. Of the 1500 children who died due to neglect or abuse, 78.7% were under 3 years and 43.6% were under 1 year of age[2]. In Turkey, the most common type of child abuse was found to be sexual abuse (77.8%) in cases who were admitted to hospital[3]. The incidence of suspected abuse and/or definite abuse in children presenting with accidents was detected in a relatively lower proportion (16%) compared with other studies conducted in western countries[4].

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Risk factors for child abuse were described across four domains: individual child or adult characteristics, family functioning, community level, and the sociocultural context[5]. The risk factors detected for children being subjected to physical violence may include: poverty, history of domestic violence, social isolation, weak impulse control, substance abuse, mental illnesses, single parents, small children, premature birth, congenitally malformed babies, behavioral problems, growth retardation, and adoption[2,6]. Doctors may be the first to detect the abuse. Detecting neglect and abuse is possible with awareness of the risk factors, possible abuse signs on a child and parental behavior. The most important element in approaching an abused child is making sure the child will no longer be harmed[7].

Our aim in this study was to identify the frequency and influencing factors of physical violence towards children in Edirne, Turkey and any possible relationship with other kinds of domestic violence and child abuse.

Material and Methods

The study universe of this cross-sectional descriptive study was married women between 15-59 years of age, living in Edirne city center. A representative sample was chosen using the stratified cluster sampling method. The women were divided into three levels according to their educational status (illiterate, primary school graduates, high school or higher graduates), two levels according to their working status (housewives who never had a job with an income, other) and two levels according to age (15-39 and 40-59 years). Data of the city health directorate was used to decide the four clusters with known geographic borders and population counts. The numbers of women selected from each cluster and layer were identified according to population counts.

Women who had suitable characteristics for each layer were selected randomly for each cluster and invited to participate in the study. All participants were given the informative form and were asked for their verbal consent. Among 306 women invited, 35 did not want to participate in the study (11.4%); the same numbers of different volunteers were selected from the same area with the same criteria. The interviews were carried out with 275 women who had children. The surveys were completed by the researcher during face-to-face interviews, which lasted approximately 30 minutes. The data collecting process was completed between May-September 2007. The identities of the women were not disclosed.

For the women included in the study, physical violence towards children was defined as follows: physical injury inflicted upon a child with cruel and/or malicious intent, which could be the result of punching, beating, kicking, biting, burning, shaking, using a weapon or restraints or one's body, size, or strength against, or otherwise harming a child physically. Partner abuse was described as physical, sexual or psychological harm by a partner or spouse.

The questionnaire used for data collection was prepared by the researchers for this study. It included items on the violent behaviors of women and their spouses towards their children, demographic data, smoking and drinking habits, the presence of partner abuse, and childhood abuse history of the women and spouses as well as the Maudsley Marriage Relationship Scale (MRS) and Multidimensional Perceived Social Support (MPSS) Form.

The Maudsley MRS consists of 10 questions on a scale of 0 to 8 points; an increasing score represents the deterioration in the marriage relationship[8]. It also has a sexual life subscale of 5 questions aiming to identify the couple's sexual life quality. The MPSS consists of 12 questions on a scale of 1 to 7 points; an increasing score indicates an increase in the perceived social support. The scale has private person, family and friend subscales[9].

To assess the readability and comprehensibility of the questions, a trial run was carried out with 10 women from different socioeconomic levels who applied to Trakya University Hospital polyclinics for a variety of reasons, and any necessary corrections were done.

The data were transferred to digital context and analyzed. The relationship between the variables was examined using Mann-Whitney U, Spearman chi-square and Kruskal-Wallis analysis. After Kruskal-Wallis analysis, the Dunn test was used for post-hoc analysis. Logistic regression model with backward elimination was used to identify the effects

of various factors affecting child abuse by the women and their spouses/partners. The main significance limit was accepted to be $p<0.05$, and absolute p values were given after every analysis.

Results

Various socioeconomic features and MRS and MPSS scores of the participants are presented in Table I. The smoking rate of the women was 35.3% and of spouses was 63.1%. While 67 of the women (21.9%) were social drinkers and 7 (2.3%) were regular alcohol users, 131 of their spouses (42.8%) were social drinkers and 92 (30.1%) were regular alcohol users. Eleven (3.6%) spouses were reported as having had a gambling habit.

According to the statements of the 275 women interviewed, 168 (61.1%) of the women and 57 (20.7%) of the spouses physically abused their children. The frequency of child abuse among the women and the spouses is given in Table II. Scarring from beatings was present in 3 (1.8%) of the women and 4 (7.0%) of the spouses. Frequency of child abuse by women correlated with the frequency of their spouse's abuse (Kendall's tau-b=0.237, $p<0.001$).

The frequency of physical child abuse by the women was positively correlated with the duration of the marriage (Kendall's tau-b=0.093, p=0.046), number of children (Kendall's tau-b=0.186, p=0.001), MRS score (Kendall's tau-b=0.151, p=0.001), and MRS sexual life subscale score (Kendall's tau-b=0.147, p=0.002), and was negatively correlated with their educational level (Kendall's tau-b=-0.162, p=0.003), the educational level of their spouses (Kendall's tau-b=-0.183, p=0.001), alcohol use (Kendall's tau-b=-0.163, p=0.004), and family income (Kendall's tau-b=-0.140, p=0.003). While the frequency of physical child abuse by the women was not correlated with their age, age of first marriage or MPSS scores, there was a negative correlation with the MPSS family subscale score (Kendall's tau-b=-0.100, p=0.044). The women's working status, whether they lived in a nuclear or extended family and smoking status had no significant effect on the child abuse status of the women.

While 73.3% of women who had an arranged marriage applied physical child abuse, the rate was 63.3% among women who married without parental consent and 55.2% among those who married by mutual understanding (p=0.027). Out of those who only had a civil registration of their marriage, 41.6% applied child abuse, while among those who also conducted religious formalities, 63.2% applied abuse (p=0.038).

According to the declaration of the women, the physical child abuse of the spouses was not correlated with their age, duration of marriage, educational status of the women or spouses, child count, or the spouse's alcohol consumption. There was no significant difference between the spouse's child abuse

Table I. Sociodemographic Features of Participants

Age	37.80±9.18 (min 17, max 59)	
Husband's age	42.00±9.80 (min 21, max 76)	
Child count	1.83±0.94 (min 1, max 7)	
Educational status	Illiterate 7.2%	Primary school 11.8%
	Literate 0.3%	High school 35.6%
	Primary school 32.7%	University 12.4%
Educational status of husbands	Illiterate 1.0%	Primary school 13.7%
	Literate 1.0%	High school 35.9%
	Primary school 26.8%	University 20.6%
Family size	3.58±1.13 (min 2, max 10) persons	
Family income (monthly)	1232±961 YTL	
Income per family member	386±327 YTL	
Maudsley Marriage Relation Scale score 0 (best) to 80 (worst)		22.21±17.65 points
Multidimensional Scale of Perceived Social Support score 12 (worst) to 84 (best)		71.87±13.04 points

Table II. Frequency of Physical Child Abuse

	Women n (%)	Partners/spouses n (%)
Never	107 (38.9%)	218 (79.2%)
Rarely	91 (33.0%)	39 (14.2%)
Seldom	64 (23.4%)	12 (4.4%)
Frequently	13 (4.7%)	6 (2.2%)
Total	275 (100.0%)	275 (100.0%)

and the type of marriage (civil/religious), the working status of the women or their spouses, family types, and smoking or gambling habits. While the frequency of the child abuse of spouses was negatively correlated with the family income (Kendall's tau-b=-0.133, p=0.007), it was positively correlated with the MRS score (Kendall's tau-b=0.123, p=0.012) and MRS sexual life subscale score (Kendall's tau-b=0.099, p=0.049).

The physical child abuse rate was 70.5% among women who experienced physical abuse in their childhood while it was 46.8% among women who did not (p<0.001). This trend was also valid for the spouses (30.2% versus 11.5%, p<0.001). The child abuse rate was also higher in women who experienced maltreatment by their spouses than in those who did not (68.6% vs. 49.1%; p=0.001).

The causative factors of child abuse by women and their husbands/partners were analyzed in logistic regression models with backward elimination. The accuracies of the models were 68.0% and 79.3% in the women and their spouses, respectively. The results of the models are listed in Tables III and IV. The child abuse rate among the women was increased 2.7 times in the presence of partner child abuse, 1.6 times with each additional child, 3.1 times in the presence of a history of physical childhood abuse, and 1.9 times in the presence of a history of partner abuse. Child abuse by the spouses/partners was increased 2.9 times in the presence of physical childhood abuse history and 2.3 times in the presence of partner abuse.

Discussion

Child abuse is seen widely in contemporary society although considered morally unacceptable. Results of this study have shown that the physical child abuse was seen in more than half of the women and one-fifth of spouses/partners according to the women's declarations. Similar and even higher rates were reported in other studies carried out in our country, such as in Van (63.7% of women and 41.7% of husbands[10]), Sivas (87.4% of mothers[11]) and İstanbul (76.7% of mothers [12]). Lower rates were reported from other countries, but most of the cases might be concealed in studies carried out with healthcare applicants[13].

Child abuse rates are constantly higher in mothers than fathers. This may be explained by the fact that mothers, whether working or

Table III. Multivariate Logistic Regression Model for Child Abuse Among Mothers

			95% confidence interval	
	p	Odds Ratio	Lower limit	Upper limit
Husband's child abuse (1)	0.008	2.724	1.303	5.697
Child count	0.018	1.571	1.080	2.285
Marriage type (1)	0.117			
Marriage type (2)	0.296			
History of physical abuse in childhood (1)	<0.001	3.106	1.789	5.394
Partner abuse (1)	0.024	1.930	1.091	3.412
Constant	0.578			

Husband's child abuse: no=0, yes=1. Marriage type: despite negative family decision=0, mutual agreement=1, traditional family decision=2. History of physical abuse in childhood: no=0, yes=1. Partner abuse: no=0, yes=1.

Table IV. Multivariate Logistic Regression Model for Child Abuse Among Fathers

	p	Odds Ratio	95% confidence interval	
			Lower limit	Upper limit
Income	0.091			
History of physical abuse in childhood (1)	0.002	2.880	1.496	5.542
Applying partner abuse (1)	0.070			
Child abuse by women (1)	0.020	2.338	1.140	4.794
Constant	<0.001			

History of physical abuse in childhood: no=0, yes=1. Applying partner abuse: no=0, yes=1. Child abuse by women: no=0, yes=1.

not, take the primary responsibility of child care while the men spend more time outside the house. As the primary care responsibility belongs to the mothers, disciplining the child may bring with it a certain amount of violence.

Higher child abuse rates have been reported in conjunction with younger ages of the mother and father[12], but there was no such correlation in our results. Higher family support in the traditional family structure may add to coping resources of young couples, thus limiting physical abuse rates; on the other hand, traditional parenting excuses violence. Our results show that physical child abuse by women increases as the number of children and duration of marriage increase, and decreases with increasing educational levels of the women and their spouses, parallel to other similar studies[14,15]. Educational status changes parenting practices as well as increases social status and income. It is accepted that the economical situation is one of the main factors affecting child abuse[16]. Similar to other studies, we found that the physical child abuse rates decreased as the income levels of the families increased[6,10]. Chronic disease of the parents or the child and age and sex of the child would be other factors that affect violence, but they were not included in our study.

Child abuse was detected to increase when accompanied by partner abuse toward women or experienced childhood violence[6,12]. Violent behaviors spread horizontally among family members and vertically through generations. The only hope is to be found in the decreasing rates. Concordant with national and international results, the most powerful determinant of physical child abuse was partner abuse and the presence of child abuse history. Similar results were obtained in a primary care based study in İstanbul[12]. In a study carried out in the United States, it was found that having been a victim of violence as a child increased the infliction of violence to their own children in both men and women[14]. A bad marital relationship was found to increase child abuse, similar to other studies[15-17].

A systematic, multidisciplinary and settled approach is required in the prevention of and protection from child abuse. It was found that 61% of deaths due to child abuse are preventable[16]. Screening and risk evaluation should be followed by intensive investigation when needed. Education and counseling should be included in preventive services. Since the presence of child abuse history in a family accompanies partner abuse, screening of domestic violence in a household can prevent different kinds of future abuses. The knowledge and skills of primary care physicians on the prevention, diagnosis and treatment of child abuse should be enhanced. Healthcare professionals should be concerned and work in coordination with other professions to prevent this condition, which can result in several social complications. Qualified national social services should accompany healthcare services to achieve better results.

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