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Prevalence and Risk Factors of Child Abuse: A Descriptive-Analytical Study in Ilam Province, Iran, in 2020

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Abstract

Background and aims: Child abuse is one of the major health and social problems in all countries, which is affected by a set of cultural, social, and family factors and some characteristics of children. The present study was performed to determine factors related to child abuse in Ilam province.

Methods: This descriptive-analytical study was designed in 2020 in Ilam province, Iran. Ninetynine children who had a document of child abuse in social emergency centers were included in the study by the census method. In addition, one hundred and thirty-three children of similar age were selected from the community level by the multi-stage sampling method. The required data were collected using a researcher-made questionnaire whose validity and reliability were confirmed, and a significant level of less than 5% was considered statistically significant.

Results: Overall, 53.5% of participants were in the non-abused group, and 46.5% were in the abused children group. Neglect and emotional abuse were the most common types among the abused children. A significant difference was reported between all kinds of child abuse in the abused and non-abused groups (P<0.001). There was a significant relationship between the number of family members with both sexual and nutritional child abuse (P<0.001).

Conclusion: Overall, family, economic, and social factors are related to child abuse. Social service counselors recommend the introduction of these factors during the consultation with parents.

Keywords: Classification of child abuse, Etiology of child abuse, Ilam

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Introduction

One of the most common problems in all societies is child abuse, which has been reported in different parts of the world. The results of a 5-year study conducted in the Netherlands showed that 27% of Dutch children had experienced child abuse once or more times in their lifetime. This statistic was reported to be 57% in Brazilian children, and physical abuse (7.9%) was reported as the most common type of child abuse. In addition, studies performed in Iran have confirmed this problem in Iranian children. Thus, 49.46% of Iranian children experienced abuse breaks. In another study conducted in Zanjan, the prevalence of child abuse types was high, and neglect had the highest frequency (78%).

Ensuring a child's health will improve the community's general health. Childhood is the human personality formation period, and child abuse during this sensitive period will cause severe and irreparable damage to children's mental health.⁵ In fact, child abuse and neglect are the most common psychosocial issues among children.⁶ The experience of child abuse can cause problems with mental health and social adjustment in the lives of these people.⁷ Child abuse is any behavior that involves the

physical, emotional, sexual, or neglect of the child.8 Today, there are many types of violence against children in all countries of the world, regardless of culture, social class, educational level, income level, and ethnicity, so that it is socially accepted in some parts of the world.9

Abuse is generally divided into four categories, including inattention, emotional harassment, physical harassment, and sexual harassment. Physical child abuse is the overt type of child abuse, while sexual abuse is prevalent in one out of every two children aged 2–17 who suffer from child abuse and neglect in the world. 10 Unfortunately, the rate of child abuse is high in Iranian families.11 Children who are subjected to all kinds of child abuse are more likely to be arrested for misconduct than for health.8 Emotional child abuse refers to patterns of behavior that impair a child's emotional development and self-esteem. Constant criticism, threats, rejection, and humiliation are indicators of emotional child abuse.11 In a cross-sectional study, participants who reported child sexual abuse had 1.7, 2.2, and 3.8 times the odds of diabetes, coronary heart disease, and obesity diagnosis, respectively, compared to participants with no child sexual abuse.12 The results of a study demonstrated that there is a significant relationship

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between physical and sexual harassment and running away from home.¹³ Child abuse causes actual harm to a child's health, development, and well-being. Child abuse was once global, but unfortunately, it is not a health priority in the world.^{14,15}

On the other hand, like any other behavior, child abuse has been caused, and child abuse can be reduced by finding the causes and eliminating them. Some families may be unaware that their parenting style is a form of child abuse. Thus, introducing different types of child abuse can help increase the knowledge of families and reduce the likelihood of child abuse. It has been found that educational programs to reduce the prevalence and complications of child abuse are very limited. While the implementation of educational programs requires accurate knowledge of the status and causes of child abuse. It

As far as we searched for scientific sources and published articles, no published scientific evidence of child abuse has been reported in Ilam province. Therefore, this study has been designed to identify the risk factors for child abuse in Ilam province, Iran, and provide a solution to reduce the risk of this problem.

Materials and Methods Study Subjects

In this descriptive-analytical study, ninety-nine children who had a document of child abuse in social emergency centers in Ilam province were included using the census method from April 2019 to September 2020. Studies show that many cases of child abuse are neglected, and there are no social emergency documents related to them. Therefore, one hundred and thirty-three children of similar age were enrolled to achieve more accurate results. Using a multi-stage sampling method, these participants were selected from educational places, including schools, reinforcement classes, training centers, and social areas, including parks, restaurants, and shopping centers. Firstly, seven towns in Ilam province were divided into 7 clusters. Then, four towns were randomly selected. Six placesschools, reinforcement classes, training centers, parks, restaurants, and shopping centers- were randomly chosen in each town.

Study Methods

The research tool included a 25-item questionnaire, created using scientific books and similar research¹⁴ and converging with the social and cultural environment of Ilam. The questionnaire's validity was obtained by content validity, and the questionnaire's reliability was obtained by internal consistency.

The demographic questionnaire included age, gender, place of residence, education level, field of study, father's age, father's job, mother's age, income level, housing, parent's remarriage, parents' living together, history of substance use, and several residents. In this study, the number of children, cohabitation, and number of family members were considered family factors. Variables

including the parents' education level, job, parents' remarriage, and parents' addiction were regarded as social factors, and income and type of home were considered economic factors.

The Child Abuse Questionnaire consists of 25 questions that divide child abuse into five dimensions, namely, physical, sexual, neglect, malnutrition, and emotional abuse. The questionnaire scores are based on a Likert-type scale, ranging from very low (1 score), low (2), medium (3), high (4), and very high (5). Questions 1, 5, 9, 13, and 17 show the physical abuse; questions 2, 6, 11, 14, and 18 demonstrate the sexual abuse; questions 3, 7, 11, 15, and 19 indicate the neglected abuse; questions 4, 8, 12, 16, and 21 represent the nutritional abuse, and questions 21, 22, 23, 24, and 25 show the emotional abuse. The total score of the questionnaire was obtained from the number of questions answered. The total score range of the questionnaire was 25-125. Each participant's total score was calculated based on their selected options. Scores higher than the average score represented an abused child, and those lower than the average score indicated a nonabused child. In addition, the average scores for different types of child abuse were calculated, and children in each type were considered based on scores higher and lower than the average for abused and non-abused individuals,

In children who had documentation in social emergencies, the researcher completed the questionnaires based on the contents of the documents archived in social emergency centers. If some information was unavailable in the papers, the questionnaires were completed by referring to the participants or their families. If the participants were unwilling to cooperate, the purpose of the research and the benefits of using the results to improve similar conditions were explained to the participants. Further, they were assured of the confidentiality and anonymity of their information. The questionnaires were completed by the participants/their parents and other participants.

Statistical Analysis

The validity of the questionnaire was obtained using the content validity ratio and content validity index. The opinions of 10 experts were considered to confirm the content validity, and based on the Lawshe table, the item was retained if the content validity ratio coefficient was more than 62%. The questionnaire's reliability was obtained by internal consistency with a Cronbach's alpha of 0.81 for the whole questionnaire. This value varied from 0.76 to 0.91 in different dimensions, including physical (α =0.76), sexual (α =0.78), neglect (α =0.80), emotional (α =0.82), and nutrition (α =0.91) dimensions. The usual assumption was checked using the Kolmogorov–Smirnov test.

The obtained data were analyzed using descriptive statistics, including frequencies, percentages, and means ± standard deviations (SD), with SPSS software. In addition, the Chi-square statistic was used to test the relationships between categorical variables, and the t-test

was employed to determine a statistically significant difference between the means of the two groups. Participants were divided into the abused and non-abused groups for comparison. Univariate and multiple logistic regression analyses indicated the association between dependent (abused group vs. abused group) and independent variables. The significant level was considered to be P = 0.05.

Results

General Characteristics of the Participants

In total, child abuse and related factors were investigated in 232 participants. The mean \pm SD of age was 12.09 ± 2 and 11 ± 2 years in the history and nonhistory of child abuse groups, respectively. The demographic characteristics of the study participants based on their history of child abuse are presented in Table 1.

The mean \pm SD of the total child abuse score was 55 ± 26 . The study results revealed that 124 (53.5%) participants were in the non-abused group, and 109 (46.5%) participants were in the abused children group. Table 2 provides the association of child abuse with other factors using univariate ordinal logistic regression analysis.

Types and Risks of Child Abuse

Neglect (48.1%) and emotional (47.6%) child abuse were the most common types among abused children. The absolute and relative frequency distributions of child abuse among the study participants are listed in Table 3.

There is a statistically significant difference between the frequencies of different types of child abuse among the study participants based on their history of child abuse. The results are summarized in Table 4.

Based on independent t-test results, there was a statistically significant relationship between the number of children and the living conditions of parents with each other, with different types of child abuse. A significant relationship was also found between the number of family members with both sexual and nutritional child abuse. The results are presented in Table 5.

Discussion

In the present study, the prevalence and related factors of child abuse were investigated in Ilam province during 2020, when the world was in trouble due to deadly COVID-19. Our finding demonstrated that about 47% of the participants were in the abused child group. Both neglect and emotional abuse were the most common types of child abuse among our study participants. A meta-analysis study reported the prevalence of 18% of physical child abuse and 39% of psychological child abuse during the COVID-19 pandemic. According to the annual Behavior Report, the under-18 types of child abuse in the United States included neglect (3.78%), physical (6.17%), emotional (1.8%), and sexual abuse (2.9%). In their study, Derakhshanpour et al investigated the frequency and risk factors related to child abuse in patients referred

to urban health centers in Bandar Abbas and found that the most common type of child abuse was negligence.²⁰ In another study in Iran, neglect and emotion were the most common forms of child abuse.²¹ Miri et al reported that 61.33% and 59.24% of their study population experienced emotional and neglect abuse, respectively, which is consistent with the findings of the present study in terms of the frequency of types of abuse.¹⁹ Emotional abuse is not as visible as physical abuse. Aggression and parental rejection are not considered emotional abuse. Therefore, it is the most hidden and destructive type of abuse that causes personality damage and feelings of unworthiness and lack of self-confidence in the child.⁴

In our study, both income and type of home were considered economic factors. Our results confirmed a significant relationship between economic factors and child abuse. Supplying the child's needs in low-income families is difficult or impossible. Another study accepted parental unemployment as a decisive factor in child abuse. A study reported the parent's income instability, income reduction, and job loss as essential factors for an increase in physical child abuse.

The results of the present study demonstrated a significant relationship between a parent's education level and types of child abuse. Parents' education level impacts parents' communication with their children. In most cases, parents with higher education treat their children more sincerely and pay more attention to their children's emotional needs. Mainly, illiterate parents belong to the deprived classes of society and are more likely to develop abuse and inattention. ^{15,25}

The present study confirmed that parental addiction is one of the social factors contributing to child abuse. Yaghoubi-Doust considered parental addiction one of the most critical social parameters that causes child abuse. The results of this study indicated that psychological changes in addicted parents cause antisocial behaviors and neglect of children. According to a study, there was a relationship between parental occupation, housing status, number of family members, and economic status and child abuse. The findings of the present study also confirmed these relationships.

Limitations

The COVID-19 condition is particular, and anxiety and stress prevail in families and children. They cannot be generalized to the non-COVID era.

Conclusion

Family, economic, and social factors are related to child abuse. Social service counselors recommend the introduction of these factors during the consultation with parents.

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 Table 1. Demographic Characteristics of Participants Based on the History of Child Abuse

	6.1	History of				
Variable	Subgroups —	Yes, n (%)	No, n (%)	P Value*		
	>10 years	43 (43.5)	9 (7.7)			
Age	10-15 years	40 (40.5)	30 (25.6)	0.081		
	<15 years	16 (16)	78 (66.7)			
Gender	Male	51 (51.5)	54 (40.6)	0.064		
	Female	48 (48.5)	79 (59.4)	0.064		
Location	City	65 (65.65)	120 (90.22)	0.071		
LOCATION	Village	34 (34.35)	13 (9.8)	0.071		
	Primary	43 (51.78)	17 (12.8)			
Education level	First high school	23 (27.7)	15 (11.28)	0.001		
education level	Secondary high school	11 (13.25)	86 (64.64)	0.001		
	Diploma	6 (7.27)	15 (11.28)			
	Employed in the government system	7 (7.14)	67 (53.6)			
-ather's job	Non-governmental organizations	65 (66.32)	56 (44.8)	0.001		
	Unemployed	26 (26.54)	2 (1.6)			
	Employee	5 (5)	33 (24.8)			
.4-41/-:-1	Retired	2 (2)	5 (3.8)	0.004		
Mother's job	Housewife	60 (61)	89 (66.9)	0.001		
	Non-governmental organizations	32 (32)	6 (4.5)			
	Illiterate	30 (30.3)	4 (3)			
	Primary	17 (17.2)	20 (15)			
	High school	4 (4.1)	33 (24.8)			
	Diploma	4 (4)	2 (1.5)			
ather's education	Associate	2 (2)	38 (28.5)	0.001		
	Bachelor's	1 (1)	20 (15)			
	Masters's	8 (8)	5 (3.75)			
	Ph.D.	33 (33.4)	11 (8.27)			
	Low	77 (77.8)	14 (10.5)			
ncome level	Medium	17 (17.2)	101 (75.9)	0.001		
	High	5 (5.1)	18 (13.5)			
	Personal	61 (61.6)	118 (88.7)			
Housing	Rent	33 (33.3)	15 (11.3)	0.001		
U	Relatives' house	5 (5.1)	0 (0)			
	Yes	21 (28)	12 (11.2)			
Remarriage of parents	No	54 (72)	95 (88.8)	0.004		
	Cohabitation	40 (42.1)	121 (91)			
	Divorce	42 (44.2)	1 (0.8)			
Parents live together	Dead father	6 (6.3)	11 (8.3)	0.001		
	Dead mother	7 (7.4)	0 (0)			
History of substance use	Yes	51 (56)	11 (8.3)			
	No	40 (44)	122 (91.7)	0.001		
Mother's age	<40 years	63 (63.6)	56 (42.1)	0.001		
	≥40 years	36 (36.4)	77 (57.9)			
Number of residents	< 5	61 (61.6)	118 (88.7)	0.874		

Note. * Chi-square test.

 Table 2. Association of a Child's Abuse With Other Factors Using Logistic Regression

Variable		Non-abused No. (%)	Abused No. (%)	Crude P Value	Adjusted P Value	Adjusted OR (95% CI)	
	Primary	21 (17)	39 (41.5)				
Education level	First high school	21 (17)	17 (18)	0.001			
	Secondary high school	68 (56)	29 (31)	0.001	-	-	
	Diploma	12 (10)	9 (9.5)				
	Employed in the government system	47 (40)	12 (11)				
Father's job	Non-governmental organizations	65 (56)	68 (63.5)	0.001	0.002	0.87 (0.78-0.94)	
	Unemployed	5 (4)	27 (25.5)				
	Employee	24 (20)	7 (6.6)		0.023	0.00 (0.05 1.13)	
A 4 - 4 / - : - -	Retired	2 (1.6)	0 (0)	0.001			
Mother's job	Housewife	91 (75.9)	95 (89.6)	0.001		0.98 (0.85-1.13)	
	Non-governmental organizations	3 (2.5)	4 (3.8)				
	Illiterate	12 (10)	26 (24.5)			0.84 (0.68-0.92)	
	Primary	1 (0.9)	11 (10.4)		0.001		
	High school	17 (14)	33 (31)				
Father's	Diploma	30 (25)	20 (18.8)	0.001			
education	Associate	4 (3.3)	2 (1.9)	0.001			
	Bachelor's	34 (28.3)	8 (7.6)				
	Master's	19 (15.9)	3 (2.9)				
	Ph.D	3 (2.5)	3 (2.9)				
	Low	14 (12.2)	72 (70.6)		0.001		
Income level	Medium	89 (77.4)	23 (22.5)	0.001		0.77 (0.57-0.89)	
	High	12 (10.4)	7 (6.9)				
	Personal	109 (89.3)	68 (66)			-	
Housing	Rent	12 (9.8)	33 (32)	0.83	-		
	Relatives' house	1 (0.9)	2 (2)				
Remarriage of	Yes	5 (11.5)	90 (82.5)	0.001	0.043	0.97 (0.91-1.06)	
parents	No	38 (87.5)	19 (17.5)	0.001	0.043		
	Cohabitation	108 (88.6)	53 (50)				
Parents live together	Divorce	1 (0.8)	42 (39.6)	0.001			
	Dead father	12 (9.8)	5 (4.7)	0.001	-	-	
	Dead mother	1 (0.8)	6 (5.7)				
History of	Yes	6 (5)	56 (50)	0.001	0.003	0.96 (0.89-1.10)	
substance use	No	112 (95)	56 (50)	0.001	0.003		
Mother's age	<40 years	46 (38)	73 (70.1)	0.001	0.001	0.82 (0.73-0.90)	
Mother's age	>40 years	75 (62)	30 (29.9)	0.001	0.001		

Note. OR: Odds ratio; CI: Confidence interval.

Table 3. The Absolute and Relative Frequency Distributions of Child Abuse Types Among the Study Participants

Abuse of types	Abused, n (%)	Non-abused, n (%)			
Physical	99 (42.5)	134 (57.5)			
Sexual	81 (34.8)	152 (65.5)			
Neglect	112 (48.1)	121 (51.9)			
Emotional	111 (47.6)	122 (52.4)			
Malnutrition	102 (43.8)	131 (56.2)			

Authors' Contribution

Conceptualization: Faezeh Mohammadshahi and Ashrat Direkvand-Moghadam.

Data curation: Faezeh Mohammadshahi, Amir Reza Jamshidbeigi, Ataollah Hashemian, and Ashraf Direkvand-Moghadam. **Formal analysis:** Ashraf Direkvand-Moghadam.

Table 4. Comparison of Different Types of Child Abuse Among the Study Participants Based on the History of Child Abuse

Type of Abuse	History of Child Abuse	Abused	Non-abused	P Value	
Physical	Yes	68 (68.7)	31 (31.3)	0.001	
	No	30 (22.5)	103 (77.5)	0.001	
Sexual	Yes	54 (54.5)	45 (45.5)	0.001	
	No	26 (19.5)	107 (80.5)	0.001	
Neglect	Yes	78 (78.79)	21 (21.21)	0.001	
	No	12 (9)	121 (91)	0.001	
Emotional	Yes	77 (77.78)	22 (22.22)	0.001	
	No	33 (8.3)	122 (91.7)	0.001	
Nutrition	Yes	75 (75.76)	24 (24.24)	0.001	
	No	6 (4.5)	127 (95.5)	0.001	

Table 5. Correlation Coefficients and Significance Level of Family, Social, and Economic Factors With Dimensions of Child

					Types of Chi	ld Abuse				
Variables	Nutrition		Emotional		Neglect		Sexual		Physical	
	Spearman's Correlation	P Value	Spearman's Correlation	P Value	Spearman's Correlation	P Value	Spearman's Correlation	P Value	Spearman's Correlation	P Value
Number of brothers and sisters	- 0.32	0.001	- 0.29	0.001	- 0.3	0.001	- 0.3	0.001	- 0.27	0.001
Number of family members	-0.21	0.002	- 0.2	0.004	- 0.18	0.008	- 0.22	0.002	- 0. 15	0.026
Living together parents	-0.19	0.123	- 0.26	0.03	- 0.32	0.007	- 0.26	0.038	- 0. 02	0.875
Father's education level	-0.21	0.002	- 0.24	0.001	- 0.22	0.001	- 0.1	0.133	- 0. 13	0.057
Mother's education level	-0.04	0.564	- 0.13	0.055	- 0.08	0.247	0.1	0.922	0. 02	0.794
Father's job	0.41	0.001	0.51	0.001	0.48	0.001	0.37	0.001	0.45	0.001
Mother's job	0.24	0.001	0.13	0.062	0.15	0.024	0.15	0.027	0.15	0.027
Parents remarrying	-0.19	0.133	- 0.26	0.03	- 0.32	0.007	- 0.25	0.038	- 0. 02	0.875
History of substance abuse	-0.46	0.001	- 0.54	0.001	- 0.5	0.001	- 0.35	0.001	- 0. 47	0.001
Consumption of substances	-0.48	0.001	- 0.5	0.001	- 0.48	0.001	- 0.31	0.001	- 0. 45	0.001

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Competing Interests

The authors declare that there is no conflict of interests.

Ethical Approval

The study was confirmed by the Ethics Committee of Ilam University of Medical Sciences (No. IR.MEDILAM.REC.1398.127). Written consent to participate was obtained from all the participants.

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References

- Euser S, Alink LR, Pannebakker F, Vogels T, Bakermans-Kranenburg MJ, van IJzendoorn M. The prevalence of child maltreatment in the Netherlands across a 5-year period. Child Abuse Negl. 2013;37(10):841-51. doi: 10.1016/j. chiabu.2013.07.004.
- da Silva Franzin LC, Olandovski M, Vettorazzi ML, Werneck RI, Moysés SJ, Kusma SZ, et al. Child and adolescent abuse and neglect in the city of Curitiba, Brazil. Child Abuse Negl. 2014;38(10):1706-14. doi: 10.1016/j.chiabu.2014.02.003.
- 3. Vizeh O, Moradi S, Fadaee Z, Habibi Asgharabad M. A

- comparative study of the prevalence of child abuse in highschools based on gender, education and history of divorce in the family. J Family Res. 2008;4(2):145-65. [Persian].
- Torkashvand F, Jafary F, Rezaeian M, Sheikh Fathollahi M. A survey on child abuse and some demographic factors affecting students of the third grade of guidance school in Zanjan in 2011. J Rafsanjan Univ Med Sci. 2013;12(6):447-60. [Persian].
- Norman RE, Byambaa M, De R, Butchart A, Scott J, Vos T. The long-term health consequences of child physical abuse, emotional abuse, and neglect: a systematic review and metaanalysis. PLoS Med. 2012;9(11):e1001349. doi: 10.1371/ journal.pmed.1001349.
- Villodas MT, Morelli NM, Hong K, Duong J, Evans MC, Elson D, et al. Differences in late adolescent psychopathology among youth with histories of co-occurring abuse and neglect experiences. Child Abuse Negl. 2021;120:105189. doi: 10.1016/j.chiabu.2021.105189.
- Assarian F, Ghoreishi FS, Saeed E, Kermanshah Z. Frequency
 of child abuse and its complications in children referred to
 the social emergency department. Journal of Fundamentals of
 Mental Health. 2020;22(5):395-400.
- Karbasi Z, Kadivar M, Safdari R, Shahmoradi L, Zahmatkeshan M, Zakerabasali S, et al. Better monitoring of abused children by designing a child abuse surveillance system: determining national child abuse minimum data set. Int J Health Plann Manage. 2020;35(4):843-51. doi: 10.1002/hpm.2935.
- Lippard ET, Nemeroff CB. The devastating clinical consequences of child abuse and neglect: increased disease vulnerability and poor treatment response in mood disorders. Am J Psychiatry. 2023;180(8):548-64. doi: 10.1176/appi. ajp.19010020.
- 10. World Health Organization (WHO). Global Status Report on Preventing Violence Against Children 2020. WHO; 2020.
- Badrfam R, Kabir K, Zandifar A. Child abuse in Iran: need to pay attention to next generation psychiatric problems. Asian J Psychiatr. 2020;50:101935. doi: 10.1016/j.ajp.2020.101935.
- Almuneef M. Long term consequences of child sexual abuse in Saudi Arabia: a report from national study. Child Abuse Negl. 2021;116(Pt 1):103967. doi: 10.1016/j.chiabu.2019.03.003.
- Ghasemi SR, Setare Forozan A, Rajabi Gilan N, Biglarian A. The study of child maltreatment in family and its impact on behavioral problems in high school students in Kermanshah. J Mazandaran Univ Med Sci. 2014;24(115):60-71. [Persian].
- Winters N, Langer L, Geniets A. Physical, psychological, sexual, and systemic abuse of children with disabilities in East Africa: mapping the evidence. PLoS One. 2017;12(9):e0184541. doi: 10.1371/journal.pone.0184541.

- 15. Wessells MG, Kostelny K. Understanding and ending violence against children: a holistic approach. Peace Confl. 2021;27(1):3-23. doi: 10.1037/pac0000475.
- Lo CK, Ho FK, Wong RS, Tung KT, Tso WW, Ho MS, et al. Prevalence of child maltreatment and its association with parenting style: a population study in Hong Kong. Int J Environ Res Public Health. 2019;16(7):1130. doi: 10.3390/ ijerph16071130.
- Khosravan S, Sajjadi M, Moshari J, Barzegar Shoorab Sofla F. The effect of education on the attitude and child abuse behaviors of mothers with 3-6-year-old children: a randomized controlled trial study. Int J Community Based Nurs Midwifery. 2018;6(3):227-38.
- Lee H, Kim E. Global prevalence of physical and psychological child abuse during COVID-19: a systematic review and metaanalysis. Child Abuse Negl. 2023;135:105984. doi: 10.1016/j. chiabu.2022.105984.
- Miri S, Froogh Ameri G, Mohammad Alizadeh S, Froodnia F. Prevalence of child abuse in high school students of Bam city (Kerman/Iran) in 2003. J Kerman Univ Med Sci. 2006;12(1):43-50. [Persian].
- Derakhshanpour F, Hajebi A, Ahmadabadi Z, Seddigh B. Frequency of child abuse and related risk factors in clients

- referred to urban healthcare centers in Bandar-Abbas. Iran J Psychiatry Clin Psychol. 2014;20(3):201-13.
- 21. Eslami-Shahrbabaki A, Eslami-Shahrbabaki M, Kalantari M. Association between parental addiction and types of child abuse in high-school students of Kerman, Iran. Addict Health. 2013;5(3-4):108-14.
- 22. Madani Ghahfarokhi S, Bayat M. Poverty and child abuse in Iran. Journal of Social Welfare. 2010;9(35):271-300. [Persian].
- 23. Coohey C. Physically abusive fathers and risk assessment. Child Abuse Negl. 2006;30(5):467-80. doi: 10.1016/j. chiabu.2004.10.016.
- 24. Wong JY, Wai AK, Wang MP, Lee JJ, Li M, Kwok JY, et al. Impact of COVID-19 on child maltreatment: income instability and parenting issues. Int J Environ Res Public Health. 2021;18(4):1501. doi: 10.3390/ijerph18041501.
- Sahbaie F, Davachi A, Zeraati, Najafi Z. Surveying the relationship between family, emotional, and social factors and child abuse in girl primary schools in Tehran. Medical Sciences Journal of Islamic Azad University. 2006;16(1):43-8. [Persian].
- 26. Yaghoubi-Doust M. Reviewing the association between the history of parental substance abuse and the rate of child abuse. Addict Health. 2013;5(3-4):126-33.