

# Child Abuse and Aggressive Behavior among Primary School Children

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## ABSTRACT

**Context:** Child abuse considered all forms of physical, emotional, sexual abuse, and neglect. Child abuse is identified to threaten development, health, dignity, or even survival. Many abused children have ongoing troubles with relationships, trust in others, difficulties at school, and exhibiting aggressive behavior or act nasty towards other children and animals.

**Aim:** This study aimed to investigate the relationship between child abuse and aggressive behavior among primary school children.

**Subjects and methods:** A descriptive correlational research design was utilized to achieve the aim of this study. This research was carried out in four schools from an urban and rural area in Minia city. A stratified sample of 150 children in grade six in primary school was recruited in the current study. This study's three tools to collect data include the Socio-demographic Questionnaire, Child Abuse Scale, and Children Aggressive Behavior Scale.

**Results:** The current study revealed that about two-thirds of the sample were girls 65.3%, and more than half of them had high levels of child abuse and aggression at 63.3% & 58.7%, respectively. There was a significant positive correlation between child abuse and aggression among primary school children.

**Conclusion:** The current study concluded that primary school children have a positive connection between child abuse and their aggressive behavior. The study recommended a counseling program for parents and teachers about the negative impact of child abuse and how to deal effectively with child aggression. Teaching parenting strategies such as alternatives to physical punishment is essential in reducing the recurrence of physical abuse, and that this may enhance parental self-management.

**Keywords:** Child abuse, aggressive behaviors, primary school children

## 1. Introduction

Child maltreatment or child abuse is any physical, psychological, and sexual maltreatment or neglect of a child, especially by a parent or a caregiver. Child abuse comprises any action or failure to act by a parent or a caregiver that hurts the child either actually or potentially. This abuse could happen in the child's home, school, institutions, or the broader community (McCoy, & Keen, 2017).

The World Health Organization has reported four types of child abuse. These types embrace physical, emotional (or psychological), sexual abuse, and neglect (WHO, 2016). Physical abuse is the intentional use of physical force against the child. It can threaten the child's health, development, dignity, or even survival. Child abuse comprises beating, hitting, kicking, biting, shaking, scalding, burning, strangling, suffocating, and poisoning — many home physical violence rationalized by punishing (Durrant & Ensom, 2012).

Child sexual abuse is defined as the engagement of a child in sexually stimulating activities imposed by an older adolescent or adult to obtain satisfaction or financial profit for that person (Miller, 2015). Furthermore, child sexual abuse includes lewd exposure of child's genitalia,

presenting pornography to the child, touching or viewing the child's genitals, sexual contact or forcing the child to engage in full sexual activities, or use the child to produce child pornography (Brown, 2011).

Another type of child abuse is psychological abuse. It includes behaviors that result in psychological and social deviation in the child's growth. These behaviors include rude and coarse attitude, lurid screaming, inattentiveness, vilification of the child's personality, harsh criticism, ridicule, degradation, and destruction of personal belongings (Theoklitou, Kabitsis, & Kabitsi, 2012). The same authors added that the fourth type of abuse is child neglect. It is defined as the inability of a parent or caregivers to provide essential needs of feeding, clothing, sheltering, supervising, or providing medical care in a way that threatens the child's well-being, health, or safety. The problem is complicated if the child's surrounding people failed to compensate adequately for basic human needs that, of course, threaten the child's survival, which would be a lack of attention, love, and nurturing. Besides, some observable signs of child neglect include being frequently absent from school, begs or steals food or money, and is consistently dirty.

Also, neglectful acts can be divided into six sub-categories, thought by Mehnaz (2015) as supervisory, physical, medical, emotional, educational neglect, and

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abandonment. Supervisory neglect is regarded as the physical absence of parents or guardians, which exposes the child to physical harm, sexual misuse, or even engagement in criminal behaviors. Physical neglect also includes failure to provide safety or proper housing. Medical neglect that characterized by the lack of providing medical care; Emotional neglect is viewed as depriving the child of nurturance, support, and encouragement. Educational neglect is perceived as the inability of parents or caregivers to afford school or other educational activities. Finally, abandonment is considered when the child is left alone without a parent, guardian, or caregiver for an extended period.

Several interrelated factors are contributing to child abuse. These factors embrace individual, relational, societal, and community factors. These factors increase the risk of child abuse or maltreatment. Even though the child has never been responsible for the harm imposed on him, some individual characters may increase the risk of maltreatment (*National Institutes of Health, 2018*).

The same author emphasized that those risk factors are contributing factors and cannot be considered direct causes. The individual factors can include mental retardation, physical disabilities. These disorders might increase the care load, cost, and burnout of the caregivers. It could also result in family and social isolation, low-income family understanding to child's needs, and development. Moreover, other factors were reported as participating factors in child maltreatment. It includes such factors as domestic abuse, poverty, socioeconomic difficulties (e.g., unemployment, termination, familial troubles of divorce, lack of family cohesion, intimate partner violence, drug abuse, and single or non-biological parents), poor child-parent relationship (e.g., bad communication, parental distress, parental psychological disorders of depression, or mental illness, parents' thoughts that support maltreatment behaviors), and familial or societal violence (*Flaherty, & Thompson, 2015*).

Child abuse can also cause a range of emotional effects such as a feeling of insecurity, deficient development, low self-esteem, mistrust, school difficulties, social withdrawal, difficulties in building relationships, lack of confidence, anxiety disorders, abandonment from parents, and exhibiting aggressive behaviors towards people or animals. These emotional consequences are early presented in babies and preschools as excessively friendly with strangers (*Flaherty, & Thompson, 2015*).

Aggression is perceived as the intention of imposing harm or damage to another person during social interaction. Aggression is either covert or overt but often hurting. It can occur as a reaction or without incitement due to frustration or blocked goals. It could be categorized as direct or indirect. Direct aggression involves verbal or physical behaviors intended to cause harm to others. Indirect aggression comprises the intention to harm the social relationship with the group or individual (*De Almeida, Martins, Narvaes, & Rodrigo, 2015*).

Aggression is expressed as physical, communicative (nonverbally or verbally), defensive, predatory, anti-

predator, dominance, resident-intruder, inter-male, sex-related aggression, isolation-induced aggression, and irritable aggression. Aggression could also occur as a response to social and non-social factors and could also relate to stress as a coping style (*Veenema, Alexa, Neumann, & Inga, 2007*).

Moreover, child abuse is the main leading cause of child aggression; as illustrated by *Elsaied and Abdallha (2017)*, physical abuse is commonly associated with low self-esteem, major depression episodes, conduct disorder, attention deficit hyperactivity disorder, and socialized aggression. In the same context, *Keene and Epps (2016)* reported evidence that abused children exhibit more aggression and angry when compared with their non-abused peers. The study also reported that abused children are prone to shame and narcissism compare to non-abused children.

Furthermore, *Kolla, Attard, Arenovich, Blackwood, and Hodgind (2013)* conducted a study examining childhood maltreatment experience among violent children with antisocial personality disorders (ASPD) and determined maltreatment is associated with proactive and reactive aggression. They found that childhood physical abuse was associated with reactive aggression, even among violent offenders. This finding suggests a strong influence of childhood physical abuse on the development of reactive aggression that persists over the lifespan.

Besides, *Connor, Doerfler, Volungis, Steingard, and Melloni (2003)* investigated the relationship between a lifetime history of traumatic stress, defined as physical, sexual abuse, aggression, and psychosocial functioning. They found out that clinically referred abused children scored higher on aggression levels and significantly higher on measures of reactive aggression and verbal aggression than clinically referred none abused children.

Reinforcement of parenting skills and training on monitoring child well-being through a structured support group is needed to finally prevent child abuse. Furthermore, a follow-up from a social worker or home nurse still essential to monitor the progress of the child and caretaking circumstances. Both actions should be taken to achieve the best possible outcomes (*Dubowitz, Wendy, Joshua, & Laurence, 2012*). The same authors added that studies show that if health and medical care personnel in a structured way ask parents about important psychosocial risk factors connected with visiting pediatric primary care and, if necessary, offering the parent help may help prevent child maltreatment. Also, a "good touch ... bad touch" school program could be provided to all school children to avoid detrimental child abuse situations.

## 2. Significance of the study

Child abuse is a terrifying worldwide problem. Although most studies on it have been conducted in developed countries, there is compelling evidence that the phenomenon is common worldwide. Moreover, this problem continues to be a significant issue in Egypt, with its various aspects of physical, psychological, and sexual

facets as all-cause severe childhood trauma. The situation aggravated as many children beaten to death. For sorry, they are abused by their parents or teachers, especially in underprivileged areas. Parents and teachers, in particular, think that violence is the only way to obtain order and obedience. This "cultural" problem is difficult to eradicate.

Moreover, every day, we hear problems about child abuse from the news, surrounding community, and problems and complications about increasing aggression between children even in-home or in schools. At the same line, *Noorani (2017)* reported about Egypt Demographic Health Survey (DHS) that ninety-three percent of Egyptian children under fourteen years exposed to violent behaviors encompassing aggression, psychological, and physical punishing. Based on observation and tracing this phenomenon, the current study aimed to assess the relationship between child abuse and aggressive behavior among primary school children.

### 3. Aim of the Study

This study aimed to investigate the relationship between child abuse and aggressive behavior among primary school children.

#### 3.1. Research question

- Is there a relationship between child abuse and aggressive behavior?

### 4. Subject & methods

#### 4.1. Research Design

A descriptive correlational research design was utilized in this study.

#### 4.2. Study setting

The present study was conducted at four primary schools in Minia city, which are: Makossa primary school for boys and girls, Bani Mohamed Sultan primary school for boys and girls, El Lmaty primary school for boys and girls, and Said Basha primary school for boys and girls.

#### 4.3. Subjects

Stratified sample with a total number was 150 primary school students in grade six calculated as (30% of the total number of each grade six student from each school, in which the total number of four schools was 500 students of grade six) (Makossa 160 students take 48 students, Bani Mohamed Sultan 100 students take 30 students, El Lmaty 120 students takes 36 students, and Said Basha 120 students takes 36 students) according to (*Isaac, & Micheal, 1995*), and choose thirty percent of students from each school randomly from students list after receiving their agreement for participation in this study.

#### 4.4. Tools of data collection

After reviewing the relevant literature, three tools utilized to collect data pertinent to this study

#### 4.4.1. A Structured Interview Questionnaire

It was developed by the researcher and covered the following items: students' gender and residence, parents' level of education, numbers of family members, family income, place of residence, and crowding index.

#### 4.4.2. Child Abuse Scale

The scale was adopted from *EL Mohamedy (2008)* to assess the level of child abuse. It consisted of 71 items distributed into four subscales physical abuse (20 statements), emotional abuse (19 statements), neglect (19 statements), and sexual abuse (13 statements). The scale is scored using a 3-point Likert scale, from 1 (*rarely*) to 3 (*mostly*). The total score ranged from 71-213, physical abuse subscale ranges from (20-60), neglect abuse subscale ranges from (19-57), neglect subscale ranges from (19-57), and sexual abuse subscale ranges from (13-39).

Each subscale scored independently, and then the total score was calculated as three distinct levels. The low score indicates a low level of abuse, and the high score indicates a high level of abuse distributed to (Low level from 71 - 118, moderate 119-165, and high 166-213). Five experts checked this questionnaire content validity of these items in psychiatric nursing. The internal consistency of the scale (Cronbach's alpha) was .82. The researcher checked the test-retest reliability of this scale ( $r=0.89$ ), indicating strong reliability.

#### 4.4.3. Children Aggressive Behavior Scale

This tool is used to assess the level of aggressive behavior of children toward others or properties. It was developed by *Bjorkqvist, Lagerspetz, and Osterman (1992)*. The original indirect aggression scale was 42 statements. The scale statements modified by the researcher according to the objective of the study to be assessed by the researcher directly from the child, and the researcher added (10) statements needed to achieve the study aim and after reviewing of literature and studies regarding aggressive behavior of children.

The total number of statements becomes (52) statements — the items rated on a 3-point Likert-type scale. The test scored against responses ranging from rarely (1 score) to always (3 scores). The total score for aggressive behavior was 52-156, the high score indicating a high level of aggression distributed to (low level from 52-86, moderate 87-121, and high 122-156). Tool content validity has established by a panel of five experts who were professors of Psychiatric and Pediatric Nursing. Each expert on the panel was asked to examine the instrument for content, coverage, clarity, wording, length, format, and overall appearance. The reliability test estimated by the researcher using Cronbach's Alpha Coefficient Test result for the questionnaire was ( $r=0.88$ ).

#### 4.5. Procedures

Various aspects of the phenomenon under study surveyed through relevant literature to develop and select the study tools. Official permissions were obtained from

relevant authorities to proceed with this study. Official permission was obtained from the vice minister of education and manager of education administration of Minia Governorate and the primary education administration, and the manager of each school before data collection. Also, written consent from each student's parent was secured. The researcher explained the study aim during interviewing with studied children to obtain their agreement for participation. The researcher explains that the data obtained will be confidential and recorded anonymously at the beginning of the study.

The preliminary phase embraced literature review to acquire in-depth knowledge about the research phenomenon and to help to design the data collection tools. A panel of 5 nursing experts reviewed the developed tool to ascertain its content validity. Also, reliability was tested by the appropriate statistical test. Four schools were chosen randomly from both rural and urban areas. In each school, 30% of the total number of each school, making 150 students of both sexes selected from a total of 500 students from the four primary schools (grade six) students from schools of Minia city recruited in the study.

The researcher collected data during the period from February 1 until the end of April 2019. The researcher interviewed each participated primary school student individually to obtain the necessary information. The researcher starting the session, introducing herself to them, and gave a brief background about the study, then the sheet format, pre-designed by the researcher in the Arabic language. It was distributed to the participant to collect the study data in the researcher's presence for any needed help. The sheet required about 35-40 minutes to fill and select the grade, six students, because they could understand and comprehend the meaning of any statement and any difficulties the researcher clarified it to them.

A pilot study was carried out on a sample of 20 primary school students to test the clarity of the study tool and the feasibility of the study process. It helped in making necessary changes in the tool to detect data collection problems or difficulties. It also helped to determine the time needed for filling in the questionnaires. Following the pilot study, the questionnaire was finalized and made ready for use. Subjects of the pilot study later excluded from the actual study sample.

**Ethical Considerations:** The research proposal was approved by the scientific research ethical committee affiliated to the Faculty of Nursing, Minia University. The researcher explained the study aim to each potential participant (male & female). The researcher assures the student that they have the right to join or withdraw from the study at any time without penalties. Their consent form was obtained before the data collection process. They were assured that the collected data is very confidential.

#### 4.6. Data analysis

All data were analyzed by the Statistical Package for Social Sciences (SPSS) version 20 software. Descriptive

analyses were performed on all variables in frequencies, and Quantitative data presented by mean, standard deviation, and ANOVA test, while qualitative data presented by frequency distribution. A significance level was considered at  $P \leq 0.05$  while a highly statistical level at  $P \leq 0.01$ .

## 5. Results

Table 1 shows that 65.3% of the study sample was girls, 55.3% of their family members from 3-5 members. Besides, 37.3% and 38.7 of children's father and mother cannot read and write respectively. At the same time, 57.3% of the sample has an average family income and 56% of them residing in rural areas.

Table 2 presents that most of the studied sample has a high level of child abuse and its dimensions physical and emotional, neglect and 63.3%, 65.3%, 67.3%, and 64.9%, respectively, while 89.3% had a low level of sexual abuse. Also, 58.7% of the studied sample had a high level of aggression.

Table 3 shows that fathers did more than one-third of child abuse cases in the form of physical, emotional, neglect, and sexual abuse 38.7%, 40.0%, 46.7%, and 38.7%, respectively. While those dimensions of abuse done by mothers as 26.0%, 31.3%, 40.7%, and 8.7%, respectively.

Table 4 shows statistically significant differences between the mean score of child abuse and sex, father and mother education, and place of family residence ( $p=0.043$ ,  $0.000$ ,  $0.000$ ,  $0.011$  respectively). While, the mean score of child abuse was the highest among boys, children whose father and mother cannot read and write, family members more than nine members, with low family income, and children are residing in rural areas ( $182.1 \pm 26.7$ ,  $193.4 \pm 27.2$ ,  $188.9 \pm 28.2$ ,  $179.4 \pm 31.7$ ,  $183.2 \pm 26.6$ ,  $182.3 \pm 25.1$  respectively).

Table 5 illustrates statistically significant differences between the mean score of aggression and father and mother education, and place of residence ( $p=0.028$ ,  $0.012$ , and  $0.001$ , respectively). While, the mean score of aggression among boys, children whose father and mother cannot read and write, family members more than 9, children families with low income, and children residing in rural areas were the highest ( $126.4 \pm 32.4$ ,  $125.1 \pm 29.5$ ,  $125.6 \pm 29.4$ ,  $124.9 \pm 27.7$ ,  $120.8 \pm 33.9$ ,  $127.7 \pm 29.1$ ) respectively.

Table 6 reveals that there was a statistically significant positive correlation between total child abuse and its dimensions physical, emotional, neglect, and sexual abuse ( $r=0.703$   $p=0.000$ ,  $r=0.639$   $p=0.000$ ,  $r=0.430$   $p=0.000$ ,  $r=0.324$   $p=0.004$  respectively). Furthermore, there was a statistically significant positive correlation between aggression and total child abuse and its dimensions physical, emotional, neglect, and sexual abuse ( $r=0.252$   $p=0.002$ ,  $r=0.401$   $p=0.023$ ,  $r=0.215$   $p=0.008$ ,  $r=0.362$   $p=0.001$  respectively).

**Table (1): Frequency and percentage distribution of the studied sample according to their demographic data (n=150).**

Demographic characteristics	(N=150)	%
<b>Gender</b>		
Boys	52	34.7
Girls	98	65.3
<b>Level of father education</b>		
Cannot read and write	56	37.3
Secondary	52	34.7
University	42	28.0
<b>Level of Mother education</b>		
Cannot read and write	58	38.7
Secondary	52	34.6
University	40	26.7
<b>Family members</b>		
3-5 member	83	55.3
6-8 member	36	24.0
More than nine-member	31	20.0
<b>Family income</b>		
Low	28	18.7
Average	86	57.3
Above average	36	24.0
<b>Place of residence</b>		
Rural	84	56.0
Urban	66	44.0
<b>Crowding index</b>		
Three members in one room	41	27.3
2member in one room	87	58.0
One member in one room	22	14.7

**Table (2): Frequency and percentage distribution of child abuse dimensions and aggression among the studied sample (N=150).**

Variables	Levels					
	Low		Moderate		High	
	No.	%	No.	%	No.	%
Physical abuse	6	4	46	30.7	98	65.3
Emotional abuse	6	4	43	28.7	101	67.3
Neglect	8	5.3	45	29.8	98	64.9
Sexual abuse	134	89.3	15	10	1	0.7
Total child abuse	5	3.3	50	33.3	95	63.3
Aggression	21	14	41	27.3	88	58.7

**Table (3) Frequency and percentage distribution of child abuse dimension according to the person who abuses the child (N=150).**

Variables	Child abuse percentage distribution									
	Father		Mother		Brothers		Relatives		Teachers	
	No.	%	No.	%	No.	%	No.	%	No.	%
Physical abuse	58	38.7	39	26.0	27	18.0	9	6.0	17	11.3
Emotional abuse	60	40.0	47	31.3	30	20.0	5	3.3	8	5.3
Neglect	70	46.7	61	40.7	16	10.7	1	0.7	5	1.3
Sexual abuse	58	38.7	13	8.7	40	26.7	25	16.7	15	10.0

**Table (4): The relation between personal characteristics and child abuse (n=150).**

Variables	Child abuse			
	N	Mean+ SD	T-test	P-value
<b>Sex</b>				
Boys	52	182.1+26.7	2.04	0.043
Girls	98	172.2+28.9		
<b>Father education</b>			<b>F-test</b>	<b>P-value</b>
Cannot read and write	56	193.4+27.2	23.2S	0.000
Secondary school	52	166.3+24.1		
University	42	163.1+23.1		
<b>Mather education</b>			<b>F-test</b>	<b>P-value</b>
Cannot read and write	56	188.9+28.2	12.9	0.000
Secondary school	52	170.1+26.7		
University	42	163.1+23.1		
<b>Family member</b>			<b>F-test</b>	<b>P-value</b>
3-5 member	83	168.2+30.6	1.75	0.175
6-8 member	36	177.6+25.8		
More than nine months	31	179.4+31.7		
<b>Family income</b>			<b>F-test</b>	<b>P-value</b>
Low	28	183.2+26.6	1.35	0.262
Average	86	174.8+29.3		
Above average	36	171.6+27.8		
<b>Family residence</b>			<b>T-test</b>	<b>P-value</b>
Rural	84	182.3+25.1	6.70	0.011
Urban	66	170.4+30.1		

**Table (5): The relation between aggression and personal data (n=150).**

Variables	No.	Aggression		
		Mean+ SD	T-test	P-value
<b>Sex</b>				
Boy	52	126.4+32.4	1.68	0.094
Girls	98	117.71+30.8		
<b>Father</b>			<b>F-test</b>	<b>P-value</b>
Cannot read and write	56	125.1+29.5	3.65	0.028
Secondary school	52	124.3+29.5		
University	42	109.2+36.6		
<b>Mather</b>			<b>F-test</b>	<b>P-value</b>
Cannot read and write	56	125.6+29.4	4.53	0.012
Secondary school	52	124.3+29.7		
University	42	107.3+36.2		
<b>Family member</b>			<b>F-test</b>	<b>P-value</b>
3-5 member	83	114.9+35.5	0.859	0.426
6-8 member	36	121.1+32.4		
More than nine-member	31	124.9+27.7		
<b>Family income</b>			<b>F-test</b>	<b>P value</b>
Low	28	120.8+33.9	0.021	0.979
Average	86	120.2+24.2		
Above average	36	119.5+34.1		
<b>Family residence</b>			<b>F-test</b>	<b>P-value</b>
Rural	84	127.7+29.1	3.24	0.001
Urban	66	111.2+33.8		

**Table (6): Correlation between child abuse dimensions and aggression among the studied sample (N=150).**

Variables		Physical abuse	Emotional abuse	Neglect	Sexual Abuse	Total child abuse	Aggression
<b>Physical abuse</b>	r	1	0.557	0.718	0.400	0.703	0.401
	P		0.000	0.022	0.625	0.000	0.023
<b>Emotional abuse</b>	r		1	0.351	0.307	0.639	0.215
	P			0.000	0.653	0.000	0.008
<b>Neglect</b>	r			1	0.810	0.430	0.362
	P				0.324	0.000	0.001
<b>Sexual abuse</b>	r				1	0.324	0.036
	P					0.004	0.661
<b>Total child abuse</b>	r					1	0.252
	P						0.002
<b>Aggression</b>	r						1

## 6. Discussion

The current study aimed to investigate the relationship between child abuse and aggressive behavior among primary school children. The current study shows that the studied sample consisted of 150 children about two-thirds of the sample were girls; half of their family members ranged from 3-5 members. Also, more than one-third of children their father and mother cannot read and write. At the same time, more than half of the sample has an average family income and resided in rural areas. These results are incongruent with *Elsaied and Alsehly (2017)* in a study about child physical abuse. They reported that boys constitute about 58%, 70% of them were from large-sized families, and 51% of children whose mothers and 54% of fathers were illiterate.

Regarding the frequency distribution of child abuse and its dimensions, the current study presents that most of the studied sample has a high level of child abuse and its dimensions physical, emotional, and neglect. While the majority had a low level of sexual abuse, these results may be related to most of the parents react with their children aggressively with hitting, hair pulling, hitting with sticks and belts. These are considered examples of what the child express and they told him words that can hurt him emotionally as "you will be failed," "you are stupid," and most of the mothers neglecting their children's needs while these needs are physical or emotional needs. Some of these parents may be intentionally doing this because this is their way of coping with any behavior or it may be related to certain factors as financial problems, chronic illness, psychological stressors, or unnecessary expectation from child and some of them doing these behaviors and they did not seem aware of its consequence, or they did not know these behaviors considered abuse and have adverse effects on children.

These results are congruent with *Nikolaidis, Petroulaki, Zarokosta, Tsirigoti, and Hazizaj (2018)* in a Balkan Epidemiological Study on Child Abuse and Neglect (BECAN) they reported that high rates of lifetime and past-year prevalence of child maltreatment. For all countries, beyond 50% of the sample reported a lifetime prevalence of both experiencing psychological and physical violence. Besides, it is similar to *Mohammadi, Zarafshan, and Khaleghi (2014)*, who illustrated that the prevalence of

child physical abuse in both genders was 43.591%, and emotional abuse was 64.533%. In regards to child neglect, the prevalence was 40.945%.

In contrast, the children in this study illustrates that sexual abuse in the majority of them in low level (in the form of a listening story about sexual problems, parent changing clothes in front of children or changing the child clothes in front of others, these behaviors did not express in most of the children) which may be related to their social values especially rural areas considered these behaviors forbidden or those children shamed, or afraid to disclose any behavior related to sexual problems. This result was consistent with *Rosier (2017)*, who reported the prevalence of sexual abuse among male children. The study reported a prevalence rate of 5.2-12% for non-penetrative sexual abuse and 1.4-7.5% for penetrative sexual abuse. The study also reports a rate of 4.0-12.0% for penetrative abuse among female children and 14-26.8% for non-penetrative abuse.

Also, it consistent with *Elklit, and Petersen (2008)*, who reported that sexual abuse had been experienced by 1.3% of females compared to 0.25% of males. However, it is incongruent with *Elgendy and Hassan (2013)*, in a study about Medico legal study of child sexual abuse in greater Cairo, Egypt, during seven years: 2005-2011. The total number of cases was 1832 victims; 57.9% were males, and 42.1% were females. Most assaults occurred in 2010 (16.2%) and 2011 (17.5%). The age group 6 to 12 years accounted for a higher rate (49%), mostly in males (71.8%).

Concerning the frequency distribution of aggression, the present study illustrates that more than half of the studied sample had a high level of aggression. This result may be related to the infliction of child abuse can hurting the child physically and psychologically, which is more painful to the child's feelings and self-esteem. It can also mutilate the child's mental functions, social growth, leaving long-life scars on their psychological health. Another form of abuse all destroying the child sense of warmth, affection, love, and intimacy with those who are abusing them, especially their parent, so, accumulation of these negative feelings will hinder the ability of the child to behave accurately in any situation, decrease their impulse control, and increase aggressive behavior toward others, destroying properties, inducing troubles in-home, street or at school.

This result is relevant to *Alink, Cichetti, Kim, and Rogosch (2011)*, in their study, stated that maltreated children exhibit higher levels of disruptive/aggressive behaviors. These disruptive behaviors expressing themselves in the form of classroom acting out, lose interest in their previous loved activities, losing interest in their participation in their social networks, and their grades suffer. Moreover, this result is congruent with a study conducted by *Hussey (2008)*, which found a higher level of aggression reported for children between 4 and 8 years if they suffer from neglect before completing two years of age. The same author explained that neglect considered when parents or guardians failed to provide suitable supervision, basic needs of food, shelter, and clothing. Aggression exhibited during this period includes constant arguing, disobedience, property destruction, nastiness to others, engage in physical fighting, and threatening people.

Regarding frequency distribution of child abuse and its dimension and type of abuser, the current study reports that types of abuse most commonly done by fathers, primarily physical and emotional abuse followed by mothers, especially neglect and emotional abuse followed by brothers and with a low incidence of abuse occurred by relative and teachers. These results might be related to parents who are more in contact with the child and react to children's behaviors in an abusive manner; they may keep the child in the darkroom, waking them up aggressively.

Also, these parent behaviors may be related to their beliefs that harshness is the only way of proper rearing, they are psychologically distressed, or fathers are busy in their work and could not communicate or discuss any problem with their children. Besides, mothers were busy with housework, younger siblings, and always neglecting other children's needs and react aggressively. Moreover, abuse done by brothers may be related to jealousy, the feeling of one receiving love from the parent than others. Also, relatives or teachers sometimes react aggressively with child behavior and did not provide the child with a secure, loving relationship.

These results are congruent with *Gabbey (2013)*, who stated that various factors could influence aggressive behavior. These include family structure, relationship with others, work or school environment, societal or socioeconomic factors, individual characteristics, health conditions, psychiatric issues, and life experiences. This finding is evidenced by the current study findings as the higher aggression score were among those with family members more than nine and children from low family income.

Furthermore, it is consistent with a study in the Republic of Korea. The study investigated parenting behaviors with their children. Parents questioned their behavior. Two-thirds of the studied parents have reported whipping of children. Hitting, kicking, and beating was admitted by forty-five percent of them (*Hahm & Guterman 2001*). Another study conducted on Romanian families revealed that nearly half of parents confessed they regularly beat their children. About one-fifth of the studied parents reported that they beat the children with objects. Children

in *Ham and Guterman* also reported that 4.6% of them suffering a frequent and severe form of physical abuse such as hitting with objects, food deprivation, or even burning (*Browne 2002*).

Regarding the relation between personal characteristics and child abuse, it reveals that there were statistically significant differences between the mean score of child abuse and sex, father and mother education. The mean score of child abuse was the highest among boys, children whose father and mother cannot read and write. This result may be related to the behavior of boys more disruptive, opposed, anger, refusing of instruction so, they abused more than girls, and because most of their parent cannot read and write, they did not become aware of the effective ways of communication, how to deal with child needs and deviant behavior. Another reason, they did not perceive that their aggressive behaviors are painful for the child or negatively affected his health and achievement.

These results were congruent with *Meadow (2009)*, who examined the Ontario Health Survey and concluded that males reported physical abuse more frequently than females. Likewise, *Kim (2000)* reported that more males, compared to females, had experienced 'violent treatment from anyone' or 'serious physical abuse from a parent/carer.' Regarding emotional abuse and physical neglect, the same author added that the study supported these findings as they also reported that females more often report emotional abuse and physical neglect than males.

Furthermore, *Bardi and Borgognini-Tari, (2001)* reported that studies from Bangladesh, Colombia, Italy, Kenya, Sweden, Thailand, and the United Kingdom have also found that low education and inadequate income compared to family needs could be a possible cause of physical ferocity against the children. This finding contradicts the current study findings as there was no significant relationship between family income and child abuse.

Moreover, the current study discovers statistically significant differences between the mean score of child abuse and place of residence. While the mean score of child abuse was the highest among family members of more than nine-member, and children residing in rural areas, these results may be related to child abuse occurring everywhere, whether urban or rural, but maybe with a slight increase in rural areas in which people in rural areas may react in a harsh, aggressive manner than urban areas, and also, large family size increase risk of aggression due to multiple needs, and low income.

This result is consistent with *Hadi (2000)*, who shed light that harsh child punishment is a global problem that is not confined to specific geographical regions. Egyptian parents were similar to Indian and Pilipino parents; all reported a frequent hitting of their children with objects on the part of the body other than the buttocks at least once during the previous six months. Similar behaviors were reported from the United States and Chile, but fortunately at much lower rates. Curler behaviors such as burning the children or threatening them with a knife or gun, or choking them were reported less frequently. Besides, it is congruent



with *Larrain, Vega, and Delgado (1997)*, who revealed that the increasing familial size could increase child abuse. A study conducted in Chile reported that families with four children or more have a three-fold increased risk of violence against their children than families with fewer children. This violence may be related to household overcrowding.

Furthermore, statistically significant differences between the mean score of aggression and father and mother education, family members revealed by the current study, While, the mean score of aggression among boys, children whose father and mother cannot read and write, family members more than nine members, and children residing in rural areas were the highest. This result may be related to boys' more expressing anger and aggression than females in the form of destruction of properties, hitting their brothers or peers, and this aggressive behavior more increased in large-sized families due to multiple interactions, increased needs, and financial limitations. These results are congruent with *Assaf, Eissa, and Abohammar (2018)*, who reported that 23.7% of the studied sample had aggression. Risk factors of aggressive behavior included male sex; a history of physical abuse, poor relationships with parents, friends, and teachers; living in extended families.

Concerning the correlation between child abuse and its dimensions and aggression among the studied sample, the present study reveals a statistically significant positive correlation between total child abuse and its dimensions physical, emotional, neglect, and sexual abuse. Besides, there was a statistically significant positive correlation between aggression and total child abuse and its dimensions physical, emotional, and neglect. These results may be related to the retention of negative feelings into children due to abuse aggravating the inner tension, which increases aggressive behavior from children towards others or properties.

These results are consistent with *Elsaied and Alsehly (2017)*, who found significant associations between child abuse and socialized aggression, mainly with severe physical abuse. In the same context, the results are congruent with *Connor et al. (2016)* reported that clinically referred abused children scored higher on aggression levels and significantly higher on measures of reactive aggression and verbal aggression than clinically referred none abused children. At the same line, *Alokan and Osakinle (2015)* illustrated that there is a significant positive relationship between child abuse and aggressive behavior among the students in a study about child abuse as a correlate of aggressive behavior.

## 7. Conclusion

Evidence from this study has led the researcher to conclude that aggressive behavior is one of the adverse outcomes of child abuse. Also, there was a significant positive relationship between child abuse and aggressive behavior of children in primary school, and the aggressive behavior was more prominent in boys than girls. Also, the

findings of this study have several implications. Aggressive behavior is a significant problem to be taken seriously by the entire society and thus, needs the urgent attention of the parent, school counselors, and psychologists.

## 8. Recommendations

- Teaching parenting strategies such as alternatives to physical punishment is essential in reducing the recurrence of physical abuse, and that this may be enhanced by including parental self-management.
- Counseling program for parents and teachers about the negative impact of child abuse and how to deal effectively with child aggression.
- Further studies are needed to investigate the association between abuse and aggression in different age groups.

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