



Violence And Abuse And Their Impact On The Level Of Mental Health Among Children: A Field Study In Irbid City – Jordan

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Abstract

The current study aimed to identify the impact of violence and abuse on the level of mental health among children aged (13 – to 18) years in the Irbid governorate. The study sample consisted of (100) male and female children selected by the random cluster method. To achieve the study objective, the Children Mental Health Scale was used in its Arabic version to measure mental health among these children. The results indicated that the mental symptoms were as follows: Obsessive-compulsive disorder, paranoia, depression, anxiety, physical symptoms, reactive sensitivity, hostility, fear, anxiety, and finally, psychotic problems. The results also showed statistically significant differences in the spread of psychological symptoms among males and females, as the turbulence of obsessive-compulsive disorder, anxiety, and physical symptoms spread among males. In contrast, paranoia problems, Obsessive-compulsive disorder, and depression spread among females. The results did not reveal differences in the extent of the disorders' spread of anxiety, reactive sensitivity, fear anxiety, and mental symptoms.

Keywords: Mental health.

Introduction and theoretical background

The childhood stage is considered one of the stages that a person goes through, characterized by increased growth, including mental, emotional, and physical aspects. It is a susceptible stage since it is the central pillar of information about the child's personality, where habits, trends, tendencies, and preparation are formed based on what the surrounding environment provides of educational, social, family, and nutritional elements. These elements and others affect his behavior. This effect can be positive or negative; it may lead to the emergence of behavioral, psychological, and social disorders when it is negative.

Childhood is the stage where a child depends on others surrounding him: a child is a responsive party to social interaction processes with those around him, as through them, he increases by habits, customs, values, standards, methods of thinking, and types of behaviors which affect his personality and understanding of assignments and commitments related to expectations of roles in the future, and thus they determine the level of his integration with the society at the cultural, social, functional, normative and personal level.

Recently, children have suffered a lot from violations against them, as statistics indicate an increase in the percentage of abuse and violation in all types practiced against children. The Department of Health and Human Services in the United States of America (1981) defined abuse as: the bodily harm, sexual abuse, or treatment based on ignorance or maltreatment of a child under eighteen by a person who is responsible for taking care of the child and his welfare under conditions where a child's health or welfare expose to harm or threat (in Al-Jalabi, 2003).

Violence is defined as the human and intentioned behavior directed to a specific goal, whether verbal or non-verbal, including facing others physically or mentally. Threatening expressions often accompany it and have an instinctive basis, as the phenomenon of violence is considered one of the oldest ones that emerged in human communities. It is a phenomenon that has several bad results on the community or its individuals inside it, but recently it has witnessed extreme variance and development. Violence is also defined as: any harm or a bad result to which a person may be exposed, whether this lousy result is physically or mentally, and the action could be by a person on a group, by a group on a person, by a person on another person or even by a group on another group. This harm may cause that causes physical disability or mental illness in a person that affects his abilities or life aspects. Divisions can be derived from the concept of violence according to the type of violence and the degree of influence resulting from it.

First: Mental violence

The naming has differed about this type of violence; some call it psychological abuse, others call it emotional violence, and others call it psychological treatment abuse or emotional treatment abuse. Psychological violence includes threatening, intimidation, verbal abuse, and forcing a child to perform unreal things or do not suit the age stage. Psychologists defined it as "every harmful act to the psyche and emotions of the abuser without having any physical effects, but it destroys his character and destabilizes his confidence in himself even in the future. Psychological violence is embodied in (cursing, ignorance, lack of self-esteem, belittling, embarrassing the child in front of others, blaming the child and accusing him of misbehavior, and feeling guilty).

Second: Physical violence

Physical violence is defined as every action that leads to injury or physical harm intentionally by one individual to another. It is also "everything that harms a body due to exposure to violence whatever the degree of harm is. It should be noted that any definition of physical violence may be different according to the variance of societies and how those societies view the accepted punishment methods. Physical violence is represented in behaviors that harm the body, such as punching, biting, burning, and other methods that harm a child's body. A father, a mother, or a parent intends to harm a child's body, but the

injury may be through excessive discipline and physical punishment, as both are not proper for the child's age. Parents do not know or ignore that emotional harm resulting from maltreatment remains for a long time, as the body may recover from an injury, but it remains in a child's memory. The use of force in physical violence is often connected to the social level of a family, the character of the parents, and their cultural level.

Sexual violence

The American Medical Association indicated that child sexual abuse involves sexual behaviors with a child, as he is not ready and unable to accept that. Child sexual abuse is characterized by deception, use of force, and obligation (Al-Badayneh, 2001). Sexual abuse is also defined as "using children in sexual activities that they do not know their meaning by individuals older than victims in most cases. The matter becomes more complicated and monstrous when the offender is a parent or a family member. Here, the abuse causes psychological and emotional influence on a child, and symptoms of psychological disorders may accompany it during his life for various periods. Sexual abuse includes any acts with a child. In addition to every sexual contact or rubbing with a child through using violence or intimidation by the offender without considering the participant's age in this process and without caring if there is a trick or if a child understands the sexual nature.

Fourth: Neglect

Neglect is defined as a form of failure in meeting a child's primary needs, as neglect is not considered child abuse, but the repetition is undoubtedly an abuse. Defining neglect is very difficult because of the intervention of behaviors that indicate the degree of neglect with behaviors that belong to other types of abuse, such as psychological or affective abuse. However, we can define it as an absence of behavior that should be a response to children's needs. In this case, parents do not harm the child physically or verbally, but they do not meet his needs and neglect their feelings, goals, and needs. Among the forms of neglect are the abandonment of a child, neglect of his food, lack of warmth and proper clothes, unhealthy home conditions, not protecting him from dangers, lack of proper supervision for his age, and failure to take care of him at school.

All the life issues and experiences affect positively or negatively a child's growth from all aspects. Thus, we mean physical and mental health together when we say a healthy child. Mental health is defined as a positive emotional state, relatively stable, expresses the integration of the individual's energies, various functions, and balance of internal and external powers in facing his behavior in a society. It is also defined as: "a relatively continuous state where an individual is psychologically compatible with his environment (personally and socially), feels happy with himself and others, and he can realize himself, take advantage of his abilities and potentials as far as possible, be able to face life requirements,

has an integral personality, his behavior is normal and to be of good morals where he lives peacefully, as this can be inferred through a set of indicators (Zahran, 2005).

Indicators of mental health represent the standard by which a person can judge the extent of his enjoyment of mental health, as it has specific behavior indicators and features that indicate it, including:

1. Success in life, school, and work, the individual satisfaction, seeking to develop himself according to realistic evaluation standards of his performance without detracting or increasing himself.
2. Enjoying positive behavior according to acceptable social and religious standards.
3. A person's feeling of happiness, peace of mind, tranquility, and enjoyment of life.
4. Self-acceptance and respect, feeling satisfied with a person's life, and planning well for the future.
5. Self-compatibility and a feeling of sufficiency to face life positions.
6. Social compatibility.
7. A person realization of his abilities and talents and accepts them.
8. Facing frustration through positive methods.
9. Being free from constant feelings of guilt.
10. Relative emptiness of symptoms and manifestations of psychological disorder.

Related studies

Several studies related to the subject of the current study have been conducted that targeted different children classes. Abdul Qadir and Attiya (2017) conducted a study to investigate the reasons and effects of violence against children. The two researchers adopted the ethnographic method, where they summarized the effects of violence against children as follows: violence passes across a generation, and the main reason for adolescents to use violence against children is that they are exposed to it during their childhood as it arouses mental health among children and creates feelings of fear, lack of self-confidence, involving in failed emotional crisis, directing feelings of anger and using violence against self, other and group.

Katibi (2012) also conducted a study to reveal the nature of the correlation between directed family violence toward children and feelings of mental isolation among the study sample individuals. The sample consisted of (100) male and female students in the secondary stage. The researcher used Parental Abuse Practice Scale as children realize prepared by Al-Tarawneh (1999) and the Psychological Loneliness Scale prepared by Adlaim and Amer

(2004). The results indicated a correlation between directed domestic violence towards children and feelings of psychological loneliness among the study sample.

Buqri's (2009) study aimed to identify the relationship between physical abuse and parents' neglect and tranquility. It also aimed to identify differences in the average degrees of each psychological tranquility and depression between the psychological and depression state of the female students who were abused and the students who were not abused. The study sample consisted of (472) female students in Mecca. The results showed a statistically significant relation between abuse, parents' neglect, depression, and tranquility. The results also showed a statistically significant relation in the degrees average of depression among female students exposed to abuse and those who did not. The differences were for female students who were abused and statistically significant in degrees of average mental tranquility among those who were abused and who were not. The difference was for female students who were not abused.

Hazin (1993) conducted a study aimed to identify the impact of abuse on the mental health level of children. The study sample consisted of three female children aged (5-to 8) years. The results indicated that the children have adapted to abuse through various behavior disorders and mental symptoms; they showed aggression and inability to control private emotions and distrust.

Study problem and questions

The study problem considers violence, child abuse, and not meeting their primary physical, mental and social needs among old modern problems. Several communities have suffered and are suffering today from them. However, this problem was not as clear or unrecognized as it is today, as many societies talk about this problem—annual statistics and reports issued by certain parties concerning child protection about the size of this phenomenon. Many specialized studies and researches have been conducted to identify its causes, the related factors, and impacts to find suitable solutions to deal with it. Therefore, this study came to identify the level of mental health among children exposed to violence and abuse to set suggestions and recommendations that can contribute to a clear understanding of the effects of violence on the level of mental health among children and reduce them. The current study attempts to answer the following two questions.

Study questions

1. What is the level of mental symptoms among children exposed to violence and abuse according to their estimations on the mental health scale?
2. Are there statistically significant differences at ($\alpha = 0.05$) in the level of mental symptoms among children exposed to violence and abuse due to the variable of sex?

Study objectives

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The current study aimed to identify the impact of the level of mental health among children.

Importance of study

The importance of the study stems from the importance of the developmental stage of its individuals. They are children exposed to violence, which negatively affects their level of mental health among them. This study may reveal the significant psychological problems that those children suffer from to find them in preparation for building counseling programs that can reduce their severity. The importance also lies in that the results of the study may provide some data that will help those who are concerned about the field of child protection and provide them with psychological support to help abused children achieve the typical development to the maximum extent possible.

Study limits

The results of this study are limited as follows:

Human limits: The study is restricted to children aged (13 – 18) who were exposed to violence and abuse in Irbid City during 2018.

Time limits: The first half of the year 2018.

Methodological limits: The descriptive method was adopted

Spatial limits: The study is limited by the response of the study sample individuals on the items of the used instruments.

Procedural and conceptual terms

This study included the following terms:

Mental health: It is an effective mental state relatively continuous where a person is socially and psychologically compatible with himself and his environment, feels happy with himself and the others, be able to face the requirements of life, and has an integrated character and his behavior is normal where he can live in peace and safety. Mental health includes the followings:

1. Body symptoms: They are a group of actual physical symptoms that appeared on sufferers in the absence of an apparent body cause, in one part of the body or more, as the doctor does not find an organic pathological factor diagnosed with firm certainty were their causes due to mental factors, which are not the intentioned diseases that individuals create to get a particular benefit, in addition to body complaints that have no specific reasons like chronic fatigue.

2. Obsessive-compulsive disorder means concentrating on ideas and compulsive motives and acts that an individual suffers from compellingly and seems strange to himself or not desired, leading to cognitive difficulties.

3. Reactive sensitivity: It means feelings of shortage and a sense of inability in the state of comparing to others in particular. People with a high level of reactive sensitivity are characterized by self-deprecation, constant discomfort, and distress while dealing with others.

4. Depression: It is a set of signs represented in symptoms of hopeless mood, signs of withdrawal, not caring for activities, shortage of motivation, and vital energy.

5. Anxiety: It means a group of symptoms and behaviors that are usually accompanied by apparent and high anxiety from the clinical side, such as distress, tension, restlessness, and nervousness, in addition to body signs such as trembling limbs, and it includes outbursts of terror and feelings of doubt.

6. Hostility: It includes three dimensions which are ideas, feelings, and actions, and it also includes feelings of grumbling, the motive to break things down, constant arguments, and mood outbursts that cannot be controlled.

7. Anxiety of fear: It means fear of illness directed to traveling, open places, crowds, public places, and means of transport, and it may be represented in fear of social positions.

8. Imaginary paranoia: it means to the significant characteristics of aggressive thinking such as projective thinking, aggression, doubt, centralization and delusions, loss of self-independence, and feeling of greatness since it is the primary symptom of paranoia characteristics.

9. Psychosis: It means here the existence of auditory hallucinations, the spread of ideas, and external control of ideas and involves them through external forces, in addition to other signs, but they are less determined to psychosis.

10. The other phrases: They are not classified under any dimension but can be put under several dimensions, whereas they are not dedicated to a particular dimension.

It is procedurally defined in this study as the degree that the study sample individuals get through answering the items of the mental health scale used in this study.

Method and procedures

Study methodology

The researcher adopted the descriptive-analytical method in this study, using an instrument to determine mental symptoms among the study sample individuals.

Study population

The study population consisted of children exposed to violence and abuse, and their ages ranged from (13 – 18) years in Jordan.

Study sample

The study sample consisted of (100) individuals selected by the random cluster method from the study population, and the following tables show that:

Table (1) distribution of the study sample individuals according to variables of sex and age

Variable	Category	Number	Percentage
Sex	Male	61	61%
	Female	39	39%
	Total	100	100%
Age	13 years	25	25%
	14 years	16	16%
	15 years	23	23%
	16 years	17	17%
	17 years	16	16%
	18 years	3	3%
	Total	100	100%

Table (1) shows the following:

-For the variable of sex, the number of males was (61) with a percentage (61%), whereas the number of females was (39) with a percentage (39%).

-For the variable of age, the number of individuals of age category 13 years was (25) with a percentage (25%), the number of individuals of age category 14 years was (16) with a percentage (16%), the number of individuals of age category 15 years was (23) with a percentage (23%), the number of individuals of age category 16 years was (17) with a percentage (17%), the number of individuals of age category 17 years was (16) with a percentage (16%) and the number of individuals of age category 18 years was (3) with a percentage (3%).

Study instrument

To achieve the study objectives, the Mental Health Scale (List of modified symptoms) was used set by Leonard, R.; Derogets, S.; Lyman, Lino Covey, and translated by Professor Abdul Aziz Musa Mohammad Thabit on the Palestinian environment, and then Professor Ahmad Al-

Shrayfin and professor Nedal Al-Shrayfin (2010) standardized it on the Jordanian environment. The list of modified symptoms consisted of (90) phrases in the form of self-reports about psychological and mental symptoms where they were developed through psychometric and clinical research, as every phrase of the ninety ones is set on every scale consisting of five points to be answered extended from at all and takes a value (0) to at all and takes a value (4). The ninety phrases of the list were distributed to (9) dimensions of the primary symptoms, which is expected to include most of the behavior ones noticed in this category. The classification of the dimensions came as follows: physical symptoms, obsessive-compulsive disorder, sensitivity to dealing with others, depression, anxiety, hostility, fear anxiety, imaginary paranoia, and psychotic). Then, comprehensive indicators development was added to give more flexibility in the total assessment of the patient's mental state, and the indicators were distributed as follows:

- General Severity Index
- Alarming positive symptom indicator
- Total of positive symptoms

Reliability of instrument

To extract the instrument's reliability, Cronbach's alpha equation was applied to extract internal consistency on the original sample, and table (2) shows that.

Table (2) Stability values of psychological problems using the Cronbach's Alpha method

No.	Psychological problems	Number of items	Cronbach's alpha
1	Physical symptoms	11	0.85
2	obsessive-compulsive disorder	10	0.86
3	Reactive sensitivity	9	0.81
4	depression	13	0.84
5	Anxiety	10	0.88
6	Hostility	6	0.89
7	Fear anxiety	7	0.82
8	Paranoia	6	0.84
9	psychotic	10	0.85
10	Other factors	8	0.86

	Modified Mental Health Scale	90	0.86
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Table (2) shows that stability coefficients by Cronbach's Alpha method ranged from (0.81 – to 0.88), where the most prominent one was the domain of "anxiety," and the lowest was "reactive sensitivity." All of them were accepted stability coefficients for the goals of the study application.

Procedures of applying the study

Procedures for applying the study came as follows:

1. Determining the instrument of the study and ensuring its validity and reliability that suit the study's goals.
2. Determining the population of the study and selecting its sample by random cluster method, which was (100) children. The study instrument was distributed to the sample, and the instrument was filled with the help of officials in the place of application of the study according to the attached instructions of the instrument in the guide to using an instrument
3. Collect copies of the instrument (100), and perform suitable statistical processing.

Variables of the study

1. Independent variables: violence, abuse.
2. Dependent variables: mental health

Display and discuss results

Statistical treatment

Arithmetic means, standard deviations, and rank of all mental symptoms were counted as they were divided in the study instrument. The Pearson correlation coefficient was also counted to reveal differences in ordering symptoms according to a variable of sex.

Results related to answer the study questions:

First question: What is the level of mental symptoms among children exposed to violence and abuse based on their assessments on the Mental Health Scale? To answer the question, arithmetic means, standard deviations, and rank of psychological problems in the modified mental health scale were counted, and the results are as follows.

Table (3) arithmetic means, standard deviations and rank of psychological problems arranged in descending order (n = 100)

No.	Domain	Mean	Deviation	Rank
1	other factors	1.44	0.72	1
2	obsessive-compulsive disorder	1.33	0.60	2
3	Paranoia	1.30	1.02	3
4	Depression	1.28	0.62	4
5	Anxiety	1.23	0.66	5
6	Physical symptoms	1.22	0.49	6
7	Reactive sensitivity	1.12	0.71	7
8	Hostility	1.09	0.89	8
9	Fear anxiety	0.95	0.78	9
10	Psychotic	0.79	0.71	10
Scale as a whole		1.17	0.56	-

Table (3) shows that: the arithmetic means and standard deviations of psychological problems ranged from (0.79 – to 1.44), where the most prominent one was “other factors” with an arithmetic mean (of 1.44), then came “obsessive-compulsive disorder” with arithmetic mean (1.33), then “paranoia” with (1.30), “depression” with (1.28), “anxiety” with (1.23), “physical symptoms” with (1.22), “reactive sensitivity” with (1.12), “hostility” with (1.09), “fear anxiety” with (0.95) and the lowest “psychotic problems” with (0.79), where arithmetic mean as a whole was (1.17). The answer to this question is that psychological symptoms among children were ranked from most frequent to least as follows: obsessive-compulsive disorder, paranoia, depression, anxiety, physical symptoms, reactive sensitivity, hostility, fear, anxiety, and finally, psychotic problems.

Second question: Are there statistically significant differences at ($\alpha = 0.05$) in the level of psychological symptoms among children exposed to violence and abuse due to variable sex? The arithmetic means, standard deviations, and rank of psychological problems in the modified mental health scale according to a variable of sex were counted to answer the question. Spearman's correlation coefficient was counted to reveal differences in ordering problems according to the variable sex, and table (4) shows that.

Table (4) arithmetic means, standard deviations and rank of psychological problems and the scale as a whole according to variable of sex (n=100)

No.	Domain	Males			Females		
		Mean	Deviation	Rank	Mean	Deviation	Rank

1	Physical symptoms	1.23	0.44	4	1.21	0.55	6
2	obsessive-compulsive disorder	1.32	0.54	2	1.36	0.68	3
3	Reactive sensitivity	1.09	0.66	8	1.17	0.78	7
4	Depression	1.24	0.60	3	1.35	0.65	4
5	Anxiety	1.19	0.65	6	1.28	0.69	5
6	Hos	1.16	0.87	7	0.99	0.92	8
7	Fear anxiety	0.95	0.76	9	0.95	0.81	9
8	Paranoia	1.20	1.00	5	1.44	1.02	2
9	Psychotic	0.71	0.69	10	0.91	0.74	10
10	Other factors	1.43	0.67	1	1.46	0.81	1
Scale as a whole		1.15	0.52	-	1.21	0.62	

Pearson correlation coefficient order of psychological problems between males and females. Table (4) shows that: regarding males, the order of psychological problems prevailing among children exposed to violence and abuse based on their assessments ranged from (0.71 – to 1.43), where the most prominent one was “other factors” with arithmetic mean (1.43), then came “obsessive-compulsive disorder” with (1.32), followed by “depression” with (1.24), then “physical symptoms” with (1.23), then “paranoia” with (1.20) and finally “anxiety.” We find that the answer to this question was in the spread of disorders of obsessive-compulsive disorder, depression, and physical symptoms among males. In contrast, problems of paranoia, obsessive-compulsive disorder, and depression spread among females. The results did not show differences in the spread extent of anxiety disorders, reactive sensitivity, fear anxiety, and psychotic symptoms.

Conclusion

In light of the study's results, the researcher recommended setting legislations that determine concepts of child abuse and appropriate sanctions for that, whether inside or outside the family. It is also recommended to put children from families of repetitive violence and famous for children abuse in safe governmental institutions—concentrating on family guidance and distinguishing between methods of proper education and what includes childhood abuse. It is also essential to make guiding programs dedicated to abused children and their parents to guide them about proper methods of dealing with their children in light of the psychological problems. They are working on expanding the domain of family guidance, activating its role, and making it compulsory for everyone who needs it.

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