

Occurrence and Consequences of Violence among Orphaned Institutionalized Children in Menoufia Governorate

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Abstract:

Background: There is a societal need to institutionalize child protection mechanisms and services for monitoring of children subjected to abuse and exploitation. **The aim of the study** was to assess the occurrence of violence among orphaned children and its consequences on their physical and psychological health status.

Subjects & methods: a descriptive analytical study design was utilized at three randomly selected orphanage institutions-Menoufia Governorate, Egypt. All children and adolescents from 6-18 years residents at the selected orphanage home (n=125) were included and thirty eight caregivers who accepted to fill the aggression behavior measurement. Six tools were used.

Results: Most of the studied children/adolescents (72.80%) reported exposure to physical abuse, while 71.20% exposed to psychological abuse. Also, 30.4% of all children had stitches and wound healing scars. Most of them (86.4%) had dental caries. Most of them (70.4%) had emotional disorders. The higher mean score of orphaned children who had panic attacks and agoraphobia were in the age group between 10-<14 years of orphaned studied children. Most of children (87.9%, & 88.8%) who reported exposure to physical and psychological abuse respectively, had moderate levels of anxiety, low self-esteem and aggression.

Conclusion: institutionalized young children and adolescents were vulnerable to several forms of abuse. Lack of quality of services provided in institutions was the main source of abuse. They reported exposure to physical and psychological abuse, while sexual abuse was not reported. The majority of them became underweight, were more prone to fractures, dental caries and emotional disorders. Most of those who exposed to physical and psychological abuses had moderate levels of anxiety, low self-esteem and aggression .

Recommendation: Maintaining child's safety and security, monitoring orphanage institute program and activities; staff training and guidance services, in addition, activating the child protection laws.

Keywords: Violence, Child abuse, Occurrence, Consequences, orphanage institutions.

I. Introduction

Abuse against children is a highly sensitive and unreported matter in the world. As it touches on power relation between children and adults, socio-cultural and political values and customs, social stigma, etc. There are growing number of children who are abused, exploited, neglected and experienced violence at family, schools, institutions, community and national level. Information gathered during the past decade has provided a solid evidence that violence against children continues to increase [1]. The Advisory Panel for the United Nation ,defined violence against children as; "all forms of physical/mental (psychological/psychosocial) and sexual violence to the children in the form of abuse, neglect, exploitation, as act of commission or omission of direct or indirect forms, that endanger or harm the child's dignity, physical, psychological, or social status, or his development [2] . UNICEF estimated that as of 2010 there were 153 million orphaned children and adolescents living in the world [3]. While 13% of the world's children under the age of 18 years live in sub-Saharan Africa, 36% of the world's orphans live in the region. Approximately 27% of these orphans were orphaned due to AIDS. Communities and families in sub-Saharan Africa have been faced with a growing challenge of providing care to these vulnerable children. Over 90% of all orphans not living with a surviving parent are cared for by extended families [4]. In Egypt, the prevalence of behavioral disturbances was 64.53% among those in institutional care. The orphans in orphanage institutions take more risks, have more threats, and have poorer peer influences. The orphanage homes provide shelter, nourishment, education, clothes and vocational training for living as better human being. Children are brought to the orphanage for one of three reasons: First, the parents have abandoned them [2]. The orphanage homes provide shelter, nourishment, education, clothes and vocational training for living as better human being. Children are brought to the orphanage for one of three reasons: First, the parents have abandoned them. Second, the parents have had their parental rights removed by the state because they are in prison, are drug abusers, or abused the child and thirds; the children who have died parent(s) [5]. Patriarchal values and power structures that result in different socialization processes of the

children lead them to adopting different coping mechanisms and manifesting the impact of abuse and trauma in different ways on them. They are likely to experience low self-esteem and poor psychosocial care and support. So, the children are growing up, experiencing unsafe and insecure living conditions and stereotyping their socio-cultural practices [6]. Institutionalizing orphans in the Third World Countries, is unacceptable either religiously in some countries as Egypt, or has been considered an unrealistic solution in other countries as in Africa. Although orphanages can provide a secure and positive alternative to abusive and unsafe family or community environments, they cannot provide individualized and family nurturing [7].

In many countries, institutionalized children face discrimination and stigmatization that is often expressed in the abusive attitudes and behaviors of poorly trained staff, and reflected in the public's lack of concern for the brutality that children experience in institutions. Many residential institutions for children also lack the necessary resources and qualified and well-trained staff that are necessary to provide children with supportive, caring, and healthy environments to grow up in [8]. The view of community health nurse is to be sought and listened to; children are given opportunities to participate in all decisions affecting their lives, they have to participate in social, cultural and kinship activities and occasions involving the child in decision-making around their care plan provides a sense of security and protection as well as a sense of future [9]. Community health nurses serve as consultants in the development of sound prevention programs; so, she can play valuable roles in the care of orphanage children. The nursing aim is directed toward preventing and protecting the rights of these children. They generally require more frequent visits and monitoring of signs or symptoms of physical abuse, neglect, or /and sexually transmitted diseases, in addition to prompt referrals for more complete evaluation [9].

Significant of the study

Child abuse is a serious issue with long-lasting effects. The National Data Archive on Child Abuse and Neglect (NDACAN, 2011)[10] estimated that, 772,000 children were victims of abuse and neglect, worldwide; most of them are living in developing countries. The problem with Egypt's orphanages goes way beyond isolated cases of abuse, and extends to how society as a whole views them as "children of sin". In addition, children reared in severely deficient institutional environments in numerous countries have been reported over six decades to show a variety of behavioral, physical, psychosocial and developmental delays [11].

Aim of the study: This aim of the study was to assess the occurrence of violence among orphanage children and its consequences on their physical and psychological health.

Research questions

- 1- What is the percentage of abuse at the studied orphanages institutions?
- 2- What is the most common form of abuse in the studied orphanage institutions?
- 3- What are the consequences of abuse on orphaned's child health status?
- 4- What is the Quality of services provided in the studied orphanage institutions?

II. Subjects And Methods

Study design: A descriptive analytical study design was utilized.

Setting: There are seven orphanage institutions affiliated to Menofia Governorate, Egypt. The researchers excluded one of these institutions because it contains children under target age.

- The six institutions were coded and 50 % of them (three orphanage homes) were taken using systemic random technique namely Al-helal El-Ahmar Foundation for Orphanage Care (males/ females) in Shebin El-Kom district, Improving Health Assembly for Orphanage care (males) in Shebin El-Kom district and Social home care (females) in Sers-allyan district ".

Subjects:

- 1- All orphaned children from 6-18 years (school age), who were residents in these three homes were included (n=125). There were no exclusion criteria.
- 2- Thirty eight caregivers from three institutions who agreed to fill aggression behavior measurement scale.

Data collection tools:- data was collected using six tools:

Tool 1: A Structured interview questionnaire developed by the researchers after reviewing the related literature to illicit the following data :

- A. Socio-demographic data such as sex, age, education, enrollment forms, and the children opinions about the home etc....

- B. Orphanage home assessment through agreed/disagreed items reported by children as, home building and components, sources of electricity, supervision on medication administration and toxic material etc...)
- C. Quality of home services provided: which included assessment of quality items of nutritional, medical, psychological and social services provided reported by children.
- D. An anthropometric Measures: assess the health status of each child that includes:
Growth measurement for height, weight and body mass index as $BMI = \frac{wt}{(ht)^2}$ in meter.

Tool II: Self Reported Questionnaire to collect data of occurrence of violence against the child:

- Physical abuse assessment such as (punishment by kicking on face and head, standing up along time, pulling hair, pulling ears etc...).
- Psychological abuse assessment such as (insulting, embarrassing, isolating, bad deal, spitting on the child etc...).
- Sexual abuse assessment such as (sexual harassment, touching parts of body, taking off clothes, watching sexual photos, impolite words or gestures, etc...).

Tool III: Observational check-list for children's general appearance and presence of any signs of abuse in skin, ear, eyes and nose, behavioral and /or emotional signs etc... .

Tool IV: Anxiety scale (Spence S, 1997)[12]:. This tool consists of 44 items, of which 38 reflect specific symptoms of anxiety and 6 related to positive, filler items to reduce negative response bias. Of the 38 anxiety items, independent judges considered 6 to reflect obsessive-compulsive problems, 6 separation anxiety, 6 social phobia, 6 panic, 3 agoraphobia, 6 generalized anxiety/overanxious symptoms and 5 items concerned fears of physical injury. Items are randomly distributed within the questionnaire. Children were asked to rate on a 4 point scale involving never= (0), sometimes= (1), often = (2) and always= (3). The overall scores were calculated by taking the average of the respondents score. The higher scores mean higher levels of anxiety.

Tool V: Self-esteem scales (Rosenberg, 1965)[13]: The scale is a ten item scale with items answered on a four points scale - from strongly agrees to strongly disagree. Scoring: SA=3, A=2, D=1, SD=0. The higher the score means the higher the self esteem.

Tool VI: Aggressive behaviors measurement (as reported by caregivers) (Achenbach, 1991)[14]: The Child Behavior Checklist/4-16 (CBCL/4-16). The CBCL is a measure for aggression, it consists of 25 competences, and it was coded from 0 to 2 . 0=Not True ,1=Sometimes True , 2=Very True.

Methods:

Ethical consideration: An official letters were issued from the Dean Faculty of Nursing, Menofia University and sent to directors of the aforementioned orphanage homes to get their permission for data collection and conducting the research. The purpose of the study was explained to gain their cooperation before starting the data collection. The data was collected individually. All participated children agreed to participate and complete the study. Issues of confidentiality, anonymity, and consent and data security were considered and addressed with participants. Children were informed that they have the right to discontinue the study, at any time. The study tools were not harmful for children and no invasive procedures were done.

Preparatory phase: Reviewing of past and current literature covering the various types, causes of violence and its consequences using books, articles, magazines and network about studies related to prevention of abuse against children were done. The researchers developed the assessment tool and selected the other scales to conduct the study. All participated sample reported experiencing some form of abuse the 12 months preceding interviews

Reliability of the tools: Reliability was applied by the researcher for testing the internal consistency of the tools, by administration of the same tools to the same subjects under similar condition on one or more occasions, answers from repeated testing were compared, $r \geq 0.89$. Children who participated in this phase were not excluded.

Validity of the tools: To determine the content validity, along with the tool developed by the researcher, the objectives, hypothesis, operational definitions, scoring key and evaluation criteria, the tools were submitted to 5 experts who are specialized in community health nursing, psychiatric health nursing, public health medicine and social department in faculty of art. Suggestions and recommendations given by the experts were accepted and necessary corrections were done to modify the tool. The tool found to measure the concepts required

Pilot study: A pilot study was carried out on 10 children from the institution in December, 2014. They were not excluded from the study sample. The pilot helps to test practicability, legibility, understandability and feasibility of the tools. It also served to estimate the time needed to fill the tool. Based on the findings of the pilot study, the necessarily modifications were done.

Field work

Operational phase: The actual data collection was conducted from January 2015 to May 2015 after getting permission from the aforementioned orphanage homes directors that follow Menofia Governorate.

Implementation phase:

The researchers interviewed each child individually and started with ice breaking open friendly discussion to gain his/her trust. Then the researchers explained the aim of the study and asked him/ her questions in a simple Arabic language. Children were interviewed two days per week. Each interview took about 1.30 -2 hours to fill the aforementioned tools for each child. Every half an hour they took 10 minutes break. It was not easy to gain the children's trust and it took time till they get used to the researchers. Also, when they were asked to expose their skin for observation of any forms of abuse, they were very reluctant to do so, because they were afraid from the home administrators and other employee. They expressed in indirect way that this may expose them to maltreatment. The researchers assured them that they no names will be written and all the information will be confidential and will not be revealed to any person in the orphanage home.

Statistical analysis: The collected data were organized, tabulated and statistically analyzed using SPSS software (Statistical Package for the Social Sciences, version 16, SPSS Inc. Chicago, IL, USA). For quantitative data, the range, mean and standard deviation were calculated. For qualitative data, comparison between two groups and more was done using Chi-square test (χ^2). For comparison between means of two groups of parametric data of independent samples, student t-test was used. For comparison between more than two means of parametric data, F value of ANOVA test was calculated for parametric data. Significance was adopted at $p < 0.05$ for interpretation of results of tests of significance [15].

III. Results

Table 1: Presented the basic data of the studied children. In this table, almost half (50.4%) of them were girls. Also, 39.2% of them were between 14-18 years and were in secondary education (equal percent). Regarding to data of enrollment of children, all children (100%) reported having no relatives, enrolled in the orphanage home when they were under one year and had no places to live. More than half (53.6%) of them were enrolled by police. According to opinion of the studied children about the orphanage institution, 64.0% of them considered it as an educational institute, shelter place or punishment institute with equal percent. Only over one third of them (36%) considered it as a rehabilitative institution. The table also showed that, the mean body mass index (weight to height relation) was 19.86 ± 4.65 . Also, 57.6% were underweight (< 18.5) and 2.4% was obese (≥ 30), while, 33.6% were had normal weight ($18.5 - < 25$).

Figure 1: Presented the reported exposure to different types of abuse among the studied children. It revealed that, 72.80% exposed to physical abuse, while 27.20% not exposed. Likewise, regarding psychological abuse 71.20% of the studied children were exposed to psychological abuse. However, sexual abuse was not reported by any of the children.

Figure 2: Clarified the distribution of abusers from the opinion of the studied children. The higher percent of studied children reported that, home supervisors were the main abusers that abuse them while 21.6% was abused by administrators. Only 4.8% was abused by workers.

Table 2 Presented the observed general appearance of the studied children. By observing the skin conditions, 30.4% of them had stitches and wound healing scars. The higher percentages (86.4%) had dental caries. Their nose (22.4%) was dry and they keep itching and (45.6%) of them had inflamed red eyes and 20.8% had bruises in their eye. Also, 70.4% had exaggerated emotional behavior, as revealed from the way they comment and behave and using incomprehensible words. In addition, slow reaction was observed among 37.6%, while sadness, unhealthy appearance was observed among 56.8%. Although all of them reported no sexual abuse, 40.8% reported having abnormal secretions and burning in their genital organ.

Figure 3: Displayed the quality of service items at the orphanage home as reported by the studied children. Lack of medical and psychological services provided to them was reported by 31.2% & 40% respectively, followed by poor quality nutritional services (47.2%).

Table 3: Clarified the relationship between exposure of the studied children to different type of abuse and their body mass index. This table showed that 65.9% of children who reported exposure to physical abuses were under weight. On the other hand, only 6.6% and 3.3% respectively were overweight and obese. Concerning to exposure to psychological abuse, 66.3% studied children who reported exposure to psychological abuses were under weight ($25 < 30$). The differences were statistically significant ($P < 0001$).

Figure 4: Illustrated reported previous occurrence of accidents & injuries of the studied children. More than half (52.8%) of the studied children were exposed to fractures, and 45.6% and 44% were exposed to burns and bruises respectively. Also, one third of them (33.6 %) were exposed to chemical toxicity.

Table 4: Showed the mean scores of psychological assessment scales of the studied children in relation to their age. There was a statistical significant increase in all items of psychological scales with increase in the age of the child ($P < 0.0001$). This table showed that the higher mean score of the studied children (20.17 ± 4.34) were among children who had 10-<14 years regarding having panic attacks and agoraphobia. However, the lower mean score of social phobia (2.53 ± 1.71), were among children who were younger and between 6-<10 years.

Table 5: The table showed no statistical significant differences between psychological assessment scales items and gender of the studied children. On the other hand, the table revealed that, both male and female' student have almost equal high mean scores of anxiety in all items for example the mean scores of male and female students regarding panic attacks and agoraphobia were 15.87 ± 6.74 & 15.79 ± 6.84 respectively.

Table 6: Revealed a significant statistical increase in scores of the psychological assessment among studied children who were exposed to physical and psychological abuse ($P < 0.0001$). This table showed high mean score of panic attacks and agoraphobia (19.31 ± 4.04) among children who were exposed to physical abuse, followed by 15.19 ± 1.72 who had generalized anxiety disorders. Likewise, this table showed high mean score of panic attacks and agoraphobia (19.31 ± 4.04) among children who were exposed to psychological abuse, followed by 15.30 ± 1.35 who had generalized anxiety disorder.

Table 7: Displayed a significant statistical increase in levels of total anxiety scores of studied children and their exposure to abuse (physical and psychological) ($P < 0.0001$).

Table 8: Although there was no a statistically significant difference between self-esteem total score level of the studied children in relation to their exposure to abuse, a high percentage of the studied children who exposed to physical abuse (64.8%) had low level of self-esteem compared to 76.5% among those who didn't expose had moderate self esteem. Likewise, a high percentage of the studied children (65.2%) who were exposed to psychological abuse had low level of self-esteem compared to 75.0% among those who were not exposed had moderate self esteem. This table also showed that, there was a statistically significant increase in the total aggression scale of the studied children who were exposed to psychological abuse ($P < 0.05$), where, 87.9% & 88.8% who exposed to physical and psychological abuse had moderate level of aggression respectively.

IV. Figures And Tables

Table (1): Basic data, enrollment data and body mass index of studied orphaned children in Menoufia Governorate (n=125).

Variables	The studied orphaned children(n=125)	
	n	%
I: Socio-demographic data		
▪ Sex		
Males	62	49.6
Females	63	50.4
▪Age (years):		
6-<10	34	27.2
10-<14	42	33.6
14-18	49	39.2
▪Education:		
Primary	34	27.2
Preparatory	42	33.6
Secondary	49	39.2
II: Enrollment data		

<ul style="list-style-type: none"> ▪Relatives contact: No 	125	100
<ul style="list-style-type: none"> ▪Child's age of enrollment: Under year 	125	100
<ul style="list-style-type: none"> ▪Causes of enrollment: No place (shelter) 	125	100
<ul style="list-style-type: none"> ▪ Form of enrollment : Social affairs Police 	58 57	46.4 53.6
<ul style="list-style-type: none"> ▪Opinion of the child about orphanage home: Rehabilitative institution Educational institute Shelter place Punishment institute 	45 80 80 80	36.0 64.0 64.0 64.0
III: Body mass index (BMI) degree		
Underweight (<18.5)	72	57.6
Normal (18.5-<25)	42	33.6
Overweight (25-<30)	8	6.4
Obese (≥30)	3	2.4
▪Body mass index (BMI) score:		
Range	8.06-47.56	
Mean±SD	19.86±4.65	

Figure (1): Exposure of the studied orphaned children to different types of abuse (n=125)

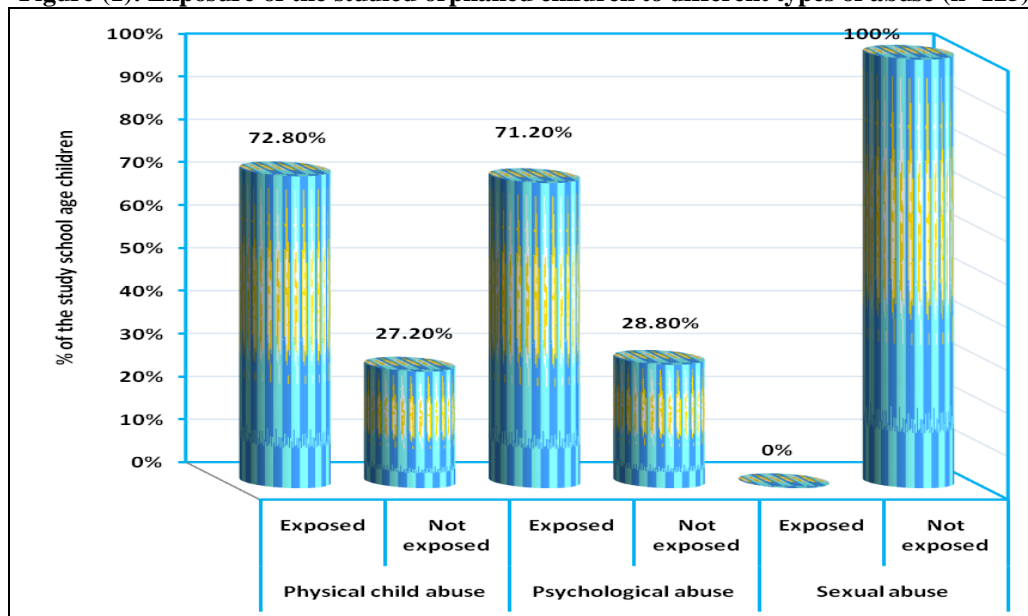


Figure (2): The distribution of reported abusers from the opinion of the studied orphaned children within the orphanage home in Menoufia Governorate (n=125).

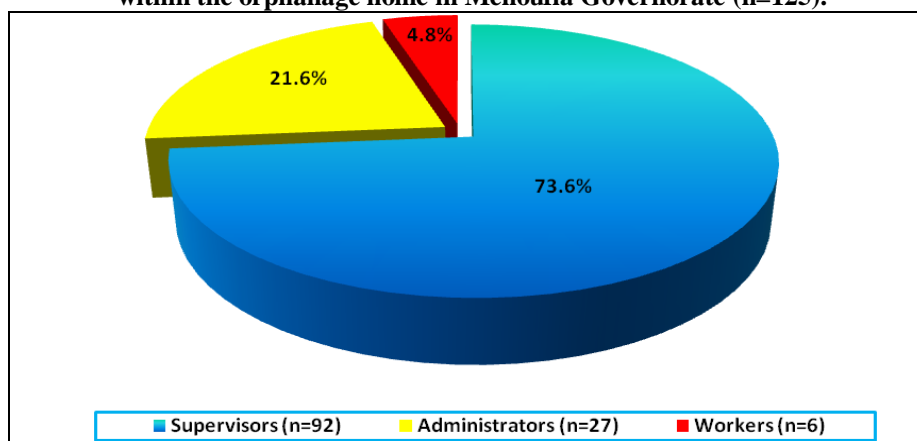


Table (2): Observed general appearance data of studied orphaned children (n=125).

General appearance items	The studied orphaned children(n=125)	
	n	%
•Skin:		
Stitches	38	30.4
Healed wound	38	30.4
•Mouth and teeth:		
Dry mouth	24	19.2
Dental caries	108	86.4
Broken teeth	45	36.0
•Nose:		
Itching	28	22.4
Nose secretions	23	18.4
Injured nose	13	10.4
•Ear:		
Ear secretions	10	8.0
•Eyes:		
Bruises	26	20.8
Red eyes/ Infected eyes	57	45.6
•Behavioral and emotional appearance:		
Poor movement	39	31.2
Incomprehensible words	47	37.6
Weak /slow reactions	47	37.6
Unhealthy appearance	71	56.8
Unclean cloths /not suitable to the season	57	45.6
Depresses and emotional change	88	70.4
Agitation	79	63.2
Poor concentration	88	70.4
Dizziness & headache	45	36.0
•Reproductive system:		
Abnormal secretions & burning	51	40.8
Sexual speeches & pictures	22	17.6

Figure 3: Quality of service items reported by the orphaned studied children at the orphanage home (n=125).

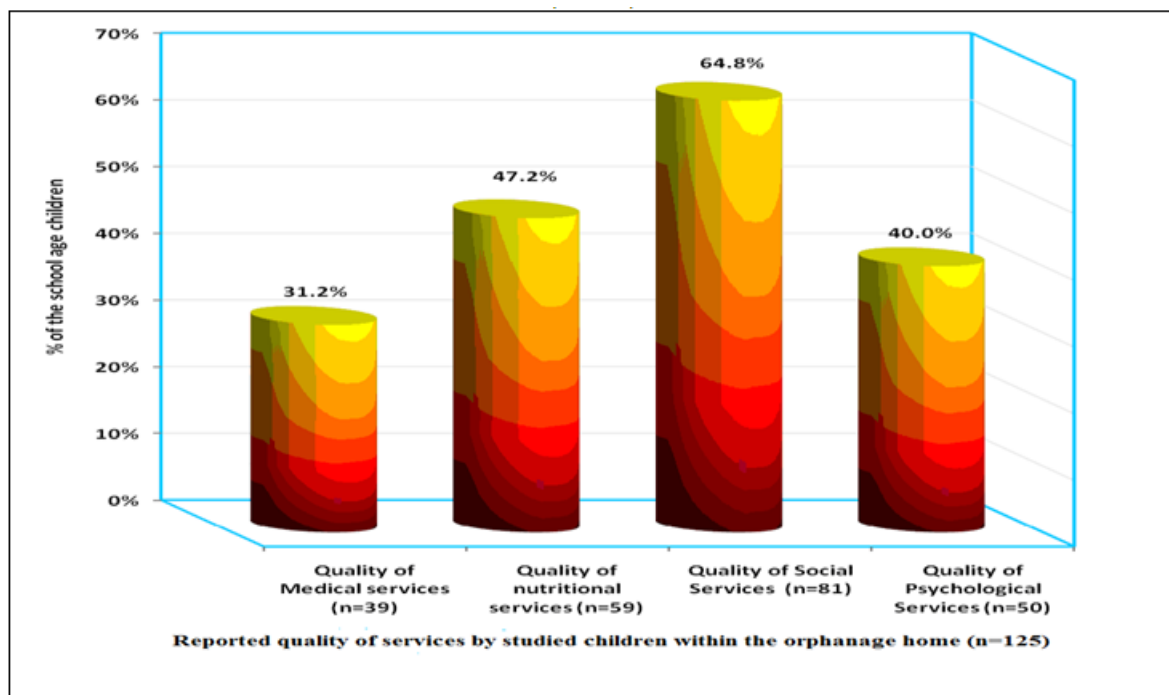


Table (3): Relationship between exposure to abuse among studied orphaned children and their body mass index BMI (n=125)

BMI categories	Exposure of studied orphaned children to abuse (n=125)							
	Exposed(n=91)		Not exposed (n=34)		Exposed(n=89)		Not exposed(n=36)	
	n	%	n	%	n	%	n	%
Underweight (<18.5)	60	65.9	12	35.3	59	66.3	13	36.1
Normal (18.5-<25)	22	24.2	20	58.8	21	23.6	21	58.3
Overweight (25-<30)	6	6.6	2	5.9	6	6.7	2	2.2
Obese (≥30)	3	3.3	0	0	3	3.4	0	0
χ^2	14.022				14.53			
P	0.003*				0.002*			

*Significant (P<0.0001)

Figure (4): Reported occurrence of previous accidents and injuries among the studied children within the orphanage home in Menofia Governorate of (n=125).

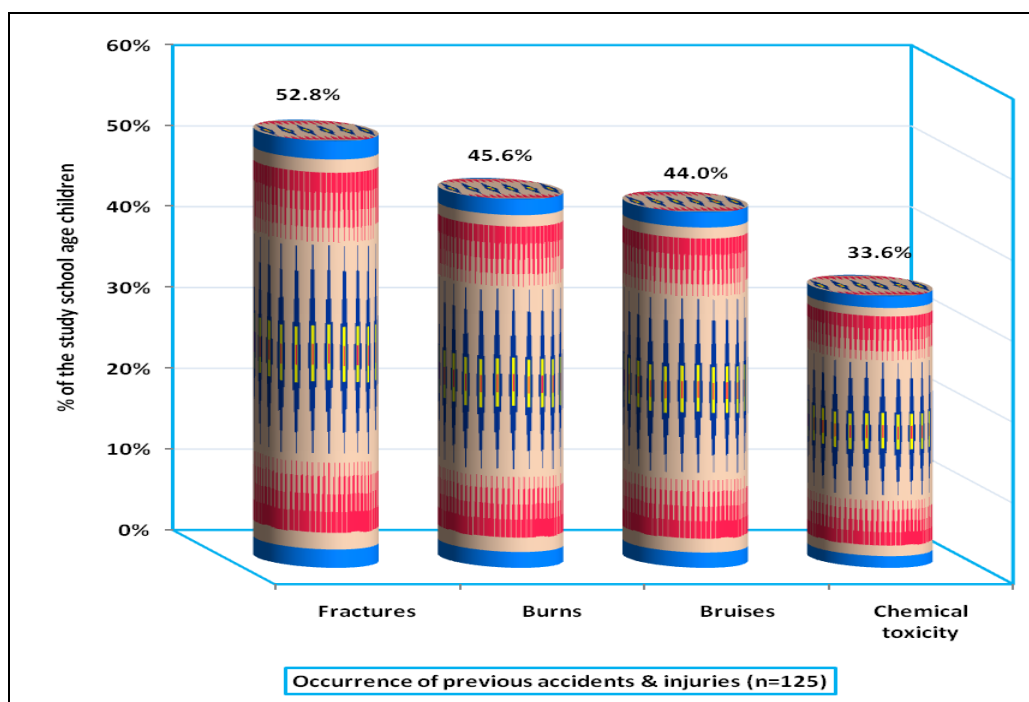


Table (4): Mean scores of psychological assessment scales of studied children in relation to their age (n=125).

Psychiatric assessment scales	Age in years of studied orphaned children(n=125)			F-value	P
	6-<10 (n=34)	10-<14 (n=42)	14-18 (n=49)		
	Mean±SD	Mean±SD	Mean±SD		
•Panic attacks and agoraphobia	6.50±2.03	20.17±4.34	18.59±3.65	70.003	0.0001*
•Separation anxiety disorder	4.09±1.44	12.83±2.61	12.82±2.33	75.288	0.0001*
•Social phobia	2.53±1.71	12.88±2.90	13.08±3.06	46.608	0.0001*
•Physical injury fears	5.59±1.23	12.64±1.87	12.55±1.14	75.768	0.0001*
•Obsession compulsive	6.47±1.46	13.74±2.65	13.33±2.31	74.608	0.0001*
•Generalized anxiety disorder	4.41±1.02	15.28±2.04	15.10±1.40	77.194	0.0001*

*Significant (P<0.0001)

Table (5): Mean scores of psychological assessment scales of studied orphaned children in relation to their gender (n=125).

Psychological assessment scales	Gender of studied orphaned children (n=125)		t-test	P
	Males(n=62)	Females(n=63)		
	Mean±SD	Mean±SD		
•Panic attacks and agoraphobia	15.79±6.84	15.87±6.74	0.068	0.946
•Separation anxiety disorder	10.77±4.66	10.13±4.33	0.805	0.423
•Social phobia	10.56±5.66	9.73±5.11	0.865	0.389
•Physical injury fears	10.50±3.60	10.87±3.30	0.604	0.547
•Obsession compulsive	11.71±4.09	11.49±3.64	0.314	0.754
•Generalized anxiety disorder	11.95±5.13	12.55±5.01	0.666	0.507

*Significant (P<0.0001)

Table (6): Mean scores of psychological assessment scales of orphaned studied children in relation to exposure to physical and psychological abuse (n=125).

Psychological assessment scales	Physical abuse of studied orphaned children(n=125)		t-test	P
	Exposed(n=91)	Not exposed(n=34)		
	Mean±SD	Mean±SD		
•Panic attacks and agoraphobia	19.31±4.04	6.50±2.03	17.648	0.0001*
•Separation anxiety disorder	12.82±2.45	4.08±1.44	19.518	0.0001*
•Social phobia	12.99±2.97	2.53±1.71	19.330	0.0001*
•Physical injury fears	12.59±1.51	2.59±1.23	24.149	0.0001*
•Obsession compulsive	13.51±2.47	6.47±1.46	15.624	0.0001*
•Generalized anxiety disorder	15.19±1.72	4.41±1.02	34.322	0.0001*
Psychological assessment scales	Psychological abuse (n=125)			
	Exposed(n=89)	Not exposed(n=36)		

•Panic attacks and agoraphobia	19.43±3.98	6.94±2.84	17.102	0.0001*
•Separation anxiety disorder	12.88±2.44	4.44±2.08	18.202	0.0001*
•Social phobia	13.07±2.96	2.92±2.32	18.441	0.0001*
•Physical injury fears	12.70±1.22	5.72±1.63	26.164	0.0001*
•Obsession compulsive	13.61±2.39	6.64±1.69	15.925	0.0001*
•Generalized anxiety disorder	15.30±1.35	4.72±2.02	34.074	0.0001*

*Significant (P<0.0001)

Table (7): Relationship between of total anxiety level scale of the studied children in Menoufia Governorate in relation to their exposure to abuse (n=125).

Type of abuse	Total anxiety level among studied orphaned children (n=125)						χ^2	P
	Low (n=35)		Moderate(n=62)		High (n=28)			
	n	%	n	%	n	%		
•Physical abuse:								
Exposed	1	1.1	62	68.1	28	30.8	120.094	0.0001*
Not exposed	34	100	0	0	0	0		
•Psychological abuse:								
Exposed	0	0	61	68.5	28	31.5	120.202	0.0001*
Not exposed	35	100	0	0	0	0		

*Significant (P<0.05)

Table (8): Relationship between total self-esteem and caregiver's reported aggression scale of the studied children in Menoufia Governorate in relation to their exposure to abuse (n=125).

Type of abuse	I: Total self-esteem level among studied orphaned children(n=125)				χ^2	P
	Low level (n=40)		Moderate level(n=82)			
	n	%	n	%		
•Physical abuse:						
Exposed	32	64.8	59	35.2	1.540	0.215
Not exposed	8	23.5	26	76.5		
•Psychological abuse:						
Exposed	31	65.2	58	34.8	1.139	0.286
Not exposed	9	25.0	27	75.0		
Type of abuse	II: Total caregiver's reported aggression scale (n=125)				χ^2	P
	Low level (n=45)		Moderate level(n=80)			
	n	%	n	%		
•Physical abuse:						
Exposed	11	12.1	80	87.9	83.028	0.0001*
Not exposed	34	100	0	0		
•Psychological abuse:						
Exposed	10	11.2	79	88.8	82.254	0.0001*
Not exposed	35	97.2	1	2.8		

*Significant (P<0.0001)

V. Discussion

The orphanage home is a residential institution that the children, adolescents, their caregivers and administrators live in. It represents a special environment in which these special groups interact. Child abuse is produced when lack of quality of services is provided to these children inside the orphanage home or through poor governmental protection role. Child abuse has serious immediate and long term consequences for children's healthy development. They may experience a myriad of adverse emotional, cognitive, and social impacts in childhood and adolescents. They suffer from long term effects on adult functioning and mental health [16]. So, the aim of the current study was to assess the occurrence and consequences of abuse among school age children at orphanage home in Menoufia Governorate.

The current study revealed that, more than half of the studied children were females. Also, the higher percent of them were between 14-18 years and were in secondary education level. This result was consistent with, Thurman and Kidman (2011)[17] who conducted a multivariate analyses study and revealed that girls were slightly but significantly constitute more than boys to report having experienced abuse (46% vs. 41%) respectively. Subsequent models illustrated that this effect was due principally to the increased likelihood of girls to experience verbal abuse, rather than physical abuse.

Age was also an important factor underlying maltreatment risk i.e. Physical maltreatment was more common among younger children (peaking at around 40% for 10-11 year olds), whereas verbal maltreatment was more common among older children (peaking at 32% for 16-17 year olds). On the other hand, Ainsworth and Filme, (2006)[18] reported that, the age distribution between boys and girls in their entire sample was also the same of the orphanage children live in Cameroon 36.8% of girls compared to boys were 33.6%. Also, the educational level of enrolled children in this study varied from 5th -12th years of schooling.

The results of the current study revealed that, almost three quarters of the studied children exposed to physical abuse and nearly the same percentage reported psychological abuse. On the other hand, no one reported

sexual abuse. This may be because they feared of corporal punishment from home directors, supervisors or because young children don't understand the meaning of sexual practices while older children feel ashamed to report any sexual abuse. These findings were in the same line with Edelbrock and Howell, (2007)[19] who studied physical, psychological and sexual abuse and its effects on the orphaned children. The majority of their sample was physically abused and psychologically maltreated; one tenth were sexually abused.

In a comparison with a comprehensive family and orphanage violence, a study conducted by Estonian Union of Child Welfare in (2008)[20] among children aged 14-15, revealed that, an orphanage child experienced both physical and emotional abuse more often than a home child and is more vulnerable (62.2%). The physical abuse was in the form of hitting with hands or feet and kicking. However, 66% of the orphaned institute assumes that physical and psychological abuse is common in the whole society. This was linked with the finding of the present study, where, the higher percentage of the studied children reported that, the home supervisors/directors were the main abusers who abuse them followed by the home's administrators; finally they were abused by the home workers. This finding was consistent with Pinheiro, (2006)[8] who conduct a study on violence against children in residential institutions, and reported that, violence in institutions was six times higher than violence in family-based foster care. This finding means that Institutionalized children are often subjected to violence from staff and officials responsible for their well-being. This could be because staff often subject children to violence in an effort to discipline them, and sometimes these methods of punishment are inhumane and torturous to children. Also, the ratio of supervisors and social workers to institutionalized children is very low. In addition, Pinheiro (2006)[8] reported that staff violence against children often occurred in front of other children, which had the added effect of humiliating children in front of their peers, as well as instilling fear in other children.

Many physical health consequences to abuse were reported among the studied children in this study. Most of them had dental caries, and complained of emotional disorders also; one third of them had skin stitches and wound healing scares. Also, more than half of the studied children were exposed to fractures, and almost two fifth were exposed to burns and bruises. Also, one third of them were exposed to chemical toxicity. This finding was congruent with Cenko, (2007)[21] who studied orphanage children and reported that one third of the sample had skin patches, infected wound and other skin problems. Half of the orphanage children had dental carries, and one third of them had broken teeth. This finding is alarming since it reflects the amount of violence faced by those children withen as a disciplinary method or mere abuse. This result was similar to the study of Bergström et al., (2008)[22] and Pinheiro, (2010)[23] on the Kazakhstan research study which showed that half of the children in orphanages and institutions of education for children with deviant behavior reported they try to avoid conflicts with staff since they were more violent to them. At the same time, however, 21.8% of staff reported witnessing staff using violence to discipline children in infant homes. More specifically, half of staff witnessed staff using harsh verbal abuse (i.e., swear at or curse children or call them names, such as idiot, stupid, bastard; say mean things to children to hurt their feelings or scare them) to discipline children in infant homes. In addition, the majority of staff witnessed staff using psychological abuse (i.e., act in a way that made a child afraid that they might be physically hurt/ injured), while half of children were exposed to verbal aggression from the psychologist

Regarding body mass index (BMI), the present study revealed that, the higher percent of the studied children were underweight while the lower percent were either overweight or obese. This result was consistent with Heymann, et al.,(2007)[24] who studied the institutionalized children and orphans living in households, and analyzed the largest five studies of anthropometric status of rural school age children in low income countries conducting in Ghana, Tanzania, Indonesia, Vietnam and India. They found the overall prevalence of stunting and underweight to be high in all five countries, ranging from 48% to 56% for stunting and from 34 to 62% for underweight. This finding may be attributed to lack of nutritional and medical services provided in Menofia orphanage homes. In addition, WHO, (2011)[4] reported that one study of institutionalized children and orphans living in households found that more than half of children had at least three meals a day.

According to the reported quality of home service provided, the present study revealed lack of services provided in Menofia orphanage home. The worst one was medical services followed by psychological services, and finally lack in nutritional services. This result was consistent with Fawzy and Fouad , (2010)[25] who studied the orphan children medical checkup and dental health in KSA. They reported that, approximately more than one third of them had chronic medical conditions as compared to the control children ($p < 0.001$). In a previous 6 study areas in Cambodia, Ethiopia, India, Kenya, and Tanzania conducted by Hosegood et al., (2007)[26] showed that 23% of their sample reported to be in fair or poor health for children ages 6 to 12. The finding of the current study reflects lack of governmental supervision on these institutions. Also, lack of care which could be might be due to financial shortage or lack of understanding and awareness of those who manage these places that the environment is very powerful in shaping child's behaviors, including deviant and criminal behaviors. On the other hand, they lack the knowledge that the social environment in residential institutions for children often had a negative effect on children's behavior.

The findings of the psychological assessment scale showed that most of the studied children who were between 10-<14 years had the highest mean of panic attacks and agoraphobia, followed by generalized anxiety disorders. This result was consistent with Orgilés et al., (2011)[27] who conducted a study on the Spanish children. Moreover, the current study revealed that, there was no difference between males and females in the psychological state using that scale. Also, Orgilés et al., (2011)[27] reported that, girls scored significantly higher in all psychological disorders ($P<0.001$), except in obsessive-compulsive disorder. Differences were found as regards to age in all disorders, except physical fears, but the effect was only in separation anxiety which decreased with age, and generalized anxiety, which was higher in adolescents than in children. This finding could be because younger children were taking the abuse for granted and still young to develop anxiety. In addition, the adolescent age is characterized by hormonal changes and the beginning of developing their self-esteem and identity, which increase the sense of anxiety among them.

The present study showed that, a higher percentage of the studied children had moderate levels of anxiety score. Moderate level of anxiety scale was revealed among abused children. Also, significant statistical relationship was found between psychological assessment scales and exposure to physical and psychological abuse among the studied children. This result was congruent with Pollak, et al., (2006) [28] Reynolds and Richmond, (2008) [29] and Yao et al., (2009) [30] who revealed a similar finding reflecting the mediation relationship between children's physical abuse experience and anxiety symptoms. On the other hand Al Bani, (2010)[31] showed significant differences between mean score of males and females and age variables to the favor of the females who showed higher levels of anxiety symptoms on the scale on total score and on the subscale. This finding may be attributed to the sense of humiliation and low self-esteem due to physical abuse, which increase the psychological burden. Concerning level of total self-esteem scale of the studied children in relation to their exposure to physical abuse, the study revealed low level of self-esteem among the abused children. This result was consistent with Hasanovic, et al., (2005)[32] who found that physical abuse influenced the prevalence of negative self-esteem of the child. According to the level of total aggression scale of the studied children in relation to abuse, a high percentage of children scored high in moderate level on the aggression scale compared to children who were not exposed to abuse. This result was similar to Haarr, (2010) [33] and also with Allen, (2011) [34] who reported that, the violence experienced in the orphanage children showed a significant positive correlation between violence and aggressive behavior i.e. with the increase level of abuse, there were increased in the level of aggression.

VI. Conclusion

The current study suggested that, young orphaned children and adolescents (6-18 years) living in orphanage institution were vulnerable to several forms of abuse and maltreatment. The orphaned children who exposed to physical and psychological abuse were underweight. Most of them had fractures, dental caries and emotional disorders. Because this age is the vital for formation of personality and development of identity, physical and psychological abuse were statistically related to increase in anxiety and aggression, with low self-esteem level. Lack of quality services provided in the orphanage home was among the main source of abuse. Home supervisors were the main abusers as reported by the studied children.

VII. Recommendation

The findings of the present study reinforce the need for programs to protect orphaned children from physical or psychological abuse in the institutes. Every effort should be made to transition of children back into family-based foster care instead of the institutions with high child-to-caregiver ratios and lack of individualized or developmentally appropriate care which have the most negative and often life-long consequences for children. Activation of the child protection laws, monitoring orphanage institute activities, and provision of training courses for institution staff. Provision of safety environment to maintain children's safety, security and humanity through educational, social, religious programs, and role model.

Supervision and monitoring of abuse and violence issues in orphanage institution is important to alleviate physical and psychological consequences and hazards to residents.

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