

Determining prevalence of maltreatment among children in the kingdom of Saudi Arabia

M. A. Al-Eissa,*†‡ F. N. Saleheen,*† S. AlMadani,*† F. S. AlBuhairan,*†§ A. Weber,¶|| J. D. Fluke,¶|| M. Almuneef*†§ and K. L. Casillas¶||

*King Saud bin Abdulaziz University for Health Sciences, Riyadh, Saudi Arabia

†National Family Safety Program King Abdulaziz Medical City, Ministry of National Guard Health Affairs, Riyadh, Saudi Arabia

‡Department of Pediatric Emergency Medicine, King Abdulaziz Medical City, Riyadh, Saudi Arabia

§Department of Pediatrics, King Abdulaziz Medical City, Riyadh, Saudi Arabia

¶University of Colorado School of Medicine Department of Pediatrics, USA, and

||The Kempe Center for the Prevention and Treatment of Child Abuse and Neglect, Gary Pavilion at Children's Hospital Colorado, USA

Accepted for publication 2 January 2016

Abstract

Purpose The aim of this study is to find out the overall prevalence rates for the major forms of abuse among adolescents in the Kingdom of Saudi Arabia and the differences in prevalence by age, gender and living arrangement.

Methods The cross-sectional study was conducted in secondary high schools in five of the 13 main regions of Kingdom of Saudi Arabia during 2012. Through a multistage stratified sampling technique, a sample (n = 16 939) of adolescents (15–19 years) were identified and invited to participate. The ISPCAN Child Abuse Screening Tool - Child was used for data collection. The previous year's occurrence of violence exposure, psychological, physical and sexual abuse, and neglect were assessed.

Results Nearly 90% of the adolescents were between 16 and 18 years of age, and over 80% were cared for by both of their biological parents. Annual prevalence of various forms of abuse in the year before the 2012 assessment ranged between 0.10 and 0.65, with the lowest rate for sexual abuse and the highest for psychological abuse. Significantly, greater rates of all forms of abuse/exposure were found when participants lived with their mother or father only (versus with both), and even greater rates for all when they lived with their biological parent and a step-parent. Rates for violence exposure, psychological abuse and neglect were significantly greater for girls, and rate of sexual abuse was greater for boys.

Conclusions More attention should be given to the effect of adolescent maltreatment particularly among girls. In addition, sexual abuse prevention programme should be targeted among boys.

Keywords

Adolescence,
Maltreatment, Saudi
Arabia

Correspondence:

Majid Al-Eissa, National Family Safety Program, King Abdulaziz Medical City, P.O. Box 22490, MC 3202, Riyadh, Saudi Arabia, 11426.
E-mail: maleissanfsp@gmail.com

Introduction

Violence threatens children's health and development, and can last into adulthood. Traumatic childhood experiences such as violence exposure, abuse and neglect are common pathways to social, emotional and cognitive impairment, leading to increased risk of unhealthy behaviours, disability and premature mortality (Almuneef *et al.* 2014). These experiences also increase the risk of further victimization and perpetration of violence. According to

the UN Secretary-General's report on violence against children, most children aged 0–14 years who have experienced violence experienced it at home, inflicted by their parents, caregivers and other family members (World Health Organization 2006). However, in the Arab world, research about child maltreatment is scarce including that perpetrated by caregivers and available research shows that child abuse and neglect (CAN) is common and underreported (Al-Mahroos & Al-Amer 2011). Although maltreatment against children across multiple settings is not

disputed, no countries in the Middle East and North Africa region (MENA) or similar others with developing systems have adequate population-level data on its prevalence nor associated characteristics. As such, the current study focuses on the prevalence of maltreatment among children by adult caregivers at home in the Kingdom of Saudi Arabia (KSA).

While most countries are similar to KSA in that they do not have well established child abuse reporting systems, and because a large amount of the literature on CAN has originated in the United States and Europe, it has been fallaciously assumed that child maltreatment is more prevalent in these countries (Runyan *et al.* 2010). Furthermore, the extant child maltreatment research has historically relied on population based surveys and official reports for their observations and statistics (Zolotor *et al.* 2009). These reports can significantly underestimate the impact of maltreatment or create a massive disparity in data (Anda *et al.* 2010). Where population based surveys and official reports may miss valuable information or capture inaccurate statistics, self-reports have the ability to obtain data that cannot be captured in any other form and can provide information about the respondents' perspectives and experiences. Compared with official maltreatment reports, as rated by children and their parents, self-reports have also been found to be one of the strongest predictors in emotional and behavioural problems (Shaffer *et al.* 2008).

In KSA, child maltreatment has historically been vastly unrecognized, unaddressed, underreported and understudied. It was initially recognized by health-care professionals as a rare problem affecting the well-being of few children (Al-Eissa 1998). KSA first addressed these purportedly uncommon issues with their ratification of the CRC in 1996 (Al Eissa & Almuneef 2010), Article 19 of which states that all children have the right to be protected from all forms of violence. More explicitly, KSA government passed two laws addressing maltreatment: The Social Protection Act (2013), establishing policies and procedures for management of domestic violence cases, which include maltreatment; and The Child Rights and Protection Act (2014), enacting laws protecting child rights and emphasizing protection against maltreatment, in accordance with the CRC (Bureau of Experts at the Council of Ministers 2013, 2014).

In order to be able to effectively address, plan for and establish policies and programmes preventing and combating violence against children, it is essential to identify the magnitude of the problem. Estimation of maltreatment occurrence using child or parent self-report of parenting practices will help in defining the magnitude of the problem, setting priorities and comparison benchmarks, establishing

national prevention programmes and allocating funds (Almuneef & Al-Eissa 2011). In an effort to improve research on child maltreatment, the first epidemiological study was conducted in Al Kharj city, KSA using ICAST-CH asking children about violent experiences that they had during their childhood. The incidence of psychological abuse, physical abuse, exposure to violence, neglect and sexual abuse were 75%, 57%, 51%, 50% and 14%, respectively (Al-Eissa *et al.* 2014).

The current study is an expansion of the work initially conducted in Al Kharj city and includes ICAST-CH self-report data from a nationally representative sample of school based adolescents from KSA. The aim was to find out the overall prevalence rates for the major forms of abuse among adolescent in KSA and the differences in prevalence by age, gender and living arrangement.

Methods

Participants

A cross-sectional study was conducted in secondary high schools in five of the thirteen main regions of KSA (Central: Riyadh, Western: Makkah, Eastern: Dammam, Northern: Tabuk and Southern: Jizan) during 2012 to study the epidemiology of CAN. Boys' and girls' private and public schools were selected to participate. Enrollment criteria included male and female students aged 15–19 years attending secondary high school.

Measures

The ISPCAN Child Abuse Screening Tool-Child (ICAST-CH) was the sole measure used for the current study. The ICAST Questionnaires were developed by the experts of the International Society for the Prevention of Child Abuse and Neglect (ISPCAN). The tools include three versions – Parent, Young Adult and Child, where the Child version is used as a self-report of exposure/victimization for children over 11 years of age, but who are not yet independent. The reliability for ICAST-CH was previously assessed using Cronbach's alpha. With the exception of the exposure to violence scale which has a fair alpha ($\alpha = 0.69$), all other scales have alpha coefficients between 0.72 and 0.86 (good to very good range) (Zolotor *et al.* 2009).

The questionnaire was translated into Arabic and back-translated (into English) for comparison. The Saudi Arabian version of the questionnaire was made available electronically for researchers since 2007 (ICAST-CH study tool 2013). The tool was tested on a group of adolescents to ensure clear understanding

and clarity of the answer choices. The translation of the tool was modified as a result of this focus group. A pilot cross-sectional study ($n=2043$) was conducted in Al-Kharj city in 2011–2012 utilizing ICAST-CH to determine magnitude of adolescent exposure to CAN at home. It also attempted to assess the usability and acceptability of the Arabic version of the study tool for a future national surveillance study. To assess the incidence of maltreatment in the last year, five domains identified by Zolotor and colleagues were used: violence exposure, neglect, psychological, physical and sexual abuse (Zolotor *et al.* 2009). The questionnaire consists of multiple choice responses – ‘many times’, ‘sometimes’, ‘never’ and ‘more than a year ago’. Adolescents were considered to be exposed to or have experienced maltreatment if they responded ‘many times’ or ‘sometimes’ to any item on a domain.

Procedure

Sampling was done through a multistage stratified sampling technique. A list of secondary public and private high schools for boys and girls was accessed through the Ministry of Education. Based on student populations in each of the five selected regions of the country, a weighted student sample size from each of these regions was identified. Schools were randomly selected from class A (urban) and class B (rural) cities. Each of the major cities was further divided according to geographical boundaries to ensure that demographic differences in the cities were addressed. The sample included 5% of all adolescent students in each of the five regions overall.

The study went through a multistage consent process. The Institutional Review Board (IRB) of the King Abdullah International Medical Research Center (KAIMRC) and the Ministry of Education in KSA approved the study and requested each school principal’s approval. All students from each of the randomly selected schools were invited to participate. Potential participants were informed about the study through information letters and parental consent forms that were delivered. The parental consent rate was 74% without significant gender difference.

After obtaining parental consents, students were assented prior to survey administration. Students were provided self-administered the ICAST-CH questionnaire. Research assistants received standardized training on recruitment skills, interviewing guidelines, and ethical and safety issues. Adolescent participants were advised to not answer questions that made them uncomfortable and were allowed to withdraw from the study. There was no penalty if they refused to participate or withdrew at any time. We also asked researchers to encourage

students to talk to their parents, teachers or someone they trusted if they had an adverse experience. None of the adolescents dissented, had emotional distress or withdrew from participation at any stage. We preserved confidentiality by collecting the data anonymously. No names were used, and thus it was not possible to link any adolescent respondents to a questionnaire. There were no direct benefits or incentives provided to the participants. Participants were informed that they would benefit indirectly from prevention programmes based on the outcomes of this study.

Analysis

A minimum significance level of 0.05 was used for all statistical tests. All data was analysed using SPSS version 20.0. (SPSS Inc. 2013). Between-subject analyses consisted of Univariate ANOVA’s, followed by post-hoc comparison’s using the Bonferroni test for caregiver type comparisons or Student–Newman–Keuls test for age comparisons. Both post-hoc tests were chosen to utilize the appropriate and best conservative approach for analysing the relative number of post-hoc comparisons.

Results

Demographics

A total of 16939 students between 15 and 19 years of age participated. Over 60% of the adolescents lived in Riyadh or Makkah provinces, boys and girls were nearly equally represented, nearly 90% of the adolescents were between 16 and 18 years of age, and over 80% were cared for by both of their biological parents (see Table 1).

Table 1. Demographics of adolescents responding to the 2012 ICAST survey in KSA ($n = 16\,939$)

		Frequency	Percent	Missing
Province	Eastern	3183	18.8	0
	Makkah	4423	26.1	
	Jizan	1636	9.7	
	Riyadh	6171	36.4	
	Tabuk	1526	9.0	
Sex	Boy	8622	50.9	0
Age	15	857	5.1	4.6
	16	4794	28.3	
	17	5402	31.9	
	18	4180	24.7	
	19	929	5.5	
Caregivers	Both parents	13 750	81.2	9.9
	Single biological parent	1079	6.4	
	Biological and step-parent	427	2.5	

Missing data

There was negligible missing data. A minimum of 91% of respondents responded to all items within a domain (96.1% violence exposure; 95.4% neglect; 95.1% psychological abuse; 92.7% physical abuse; and 91.2% sexual abuse), and approximately 95% or more completed all but a maximum of 1 missing item (98.9% violence exposure; 98.2% psychological abuse; 97.7% neglect; 95.9% physical abuse; and 94.9% sexual abuse).

Prevalence of abuse by adult caregivers at home

Prevalence rates of all forms of abuse were calculated. Based on adolescents' self-reports, annual prevalence of various forms of abuse in the year before the 2012 assessment ranged between 0.10 and 0.65, with the lowest rate seen for sexual abuse and the highest for psychological abuse (see Table 2). Correlations between types of abuse were also examined. While all forms of abuse were significantly related to each of the others because of the large sample size, sexual abuse was least related to other forms, while psychological abuse was most related to all other forms with the exception of sexual abuse (see Table 3).

Prevalence of abuse by caregiver type, sex and age

Adolescents experienced significantly greater rates of all forms of abuse when they lived with their mother or father only (versus with both), and even greater rates for all when they lived with their biological parent and a step-parent (see Table 4).

Table 2. Prevalence of types of abuse and violence exposure by adults in last year ($n = 16\,939$)

	Prevalence mean	Standard deviation
Violence exposure	0.64	0.48
Psychological abuse	0.65	0.48
Physical abuse	0.50	0.50
Sexual abuse	0.10	0.30
Neglect	0.53	0.50

Table 3. Correlations between types of abuse and violence exposure by adults in last year ($n = 16\,939$)

	Violence exposure	Psychological abuse	Physical abuse	Sexual abuse	Neglect
Violence exposure	—	.419***	.360***	.176***	.362***
Psychological abuse		—	.503***	.180***	.421***
Physical abuse			—	.240***	.409***
Sexual abuse				—	.207***
Neglect					—

*** $P < .001$.

Statistically significant increases occurred with age for all forms of abuse except physical abuse. Rates for violence exposure, psychological abuse and neglect were significantly greater for girls, and rate of sexual abuse was greater for boys. There were no gender differences in experience of physical abuse (see Table 5).

There was also a significant interaction for rates of physical abuse, whereby prevalence increased for girls but decreased for boys with age [$F(1,4) = 5.3, P < .001$]. This was particularly evident between 17 and 19 years of age. No other significant interactions were found for the other domains of abuse.

Discussion

The results from adolescents' experiences with maltreatment and other forms of violence by their caregivers provide a sense of how widespread these events are in the lives of Saudi adolescents. Epidemiological studies in six developing countries (Colombia, Georgia, Iceland, India, Lebanon and Russia) show prevalence of violence exposure (0.30–0.67), psychological abuse (0.21–0.82), physical abuse (0.13–0.80), sexual abuse (0.03–0.34) and neglect (0.21–0.47) (Lynch *et al.* 2007; Zolotor *et al.* 2009; Santoya & Corvacho 2011; Deb & Walsh 2012; Usta *et al.* 2013). Like findings from other countries, Saudi adolescents are most likely to experience some form of psychological abuse (65%) and least likely to experience sexual abuse (10%), with physical abuse and neglect falling between these and over half reporting that they have experienced neglect or physical abuse.

Many forms of abuse have also been reported by students as co-occurring. This is particularly the case for neglect, psychological and physical abuse that have arisen together in the analysis. From the data a basic picture emerges indicating that more than half of Saudi adolescents are poly-victims (Finkelhor *et al.* 2009). Clearly they have had considerable exposure to many forms of abuse while growing up. Our findings are different to population-based studies of other

Table 4. Variations in prevalence of abuse and violence exposure by caregiver type

		Prevalence	SD	F	P-value
Violence exposure	Total	0.65	0.48	14.92	<.001
	Both parents	0.64	0.48		
	Your father only or mother only	0.69	0.46		
	Biological and step-parent	0.74	0.44		
Psychological abuse	Total	0.66	0.47	12.82	<.001
	Both parents	0.65	0.48		
	Your father only or mother only	0.71	0.45		
	Biological and step-parent	0.72	0.45		
Physical abuse	Total	0.51	0.50	12.44	<.001
	Both parents	0.50	0.50		
	Your father only or mother only	0.56	0.50		
	Biological and step-parent	0.59	0.49		
Sexual abuse	Total	0.10	0.30	25.98	<.001
	Both parents	0.10	0.29		
	Your father only or mother only	0.13	0.33		
	Biological and step-parent	0.19	0.39		
Neglect	Total	0.54	0.50	24.92	<.001
	Both parents	0.53	0.50		
	Your father only or mother only	0.61	0.49		
	Biological and step-parent	0.66	0.47		

*Total: $n = 15\ 256$. Both Parents $n = 13\ 750$. Father Only or Mother Only $n = 1079$. Biological and Step-Parent: $n = 427$.

Islamic countries. Choo *et al.* (2011) investigated victimization experiences of adolescents in Malaysia and reported that less than quarter of adolescents (22.1%) were exposed to more than one form and 3% were exposed to all forms of abuse. Poly-victimization is a more important predictor of trauma symptoms and psychological distress than single type of victimization. Therefore, more attention needs to be paid to Saudi adolescents who are exposed to multiple forms of abuse.

Another concern is that the risk of exposure for Saudi adolescents is somewhat greater across all forms of abuse for single caregiver households or adolescents living with step-parents compared with adolescents living with both parents, a finding consistent with other studies that suggest that single parent households and the presence of step-parents may put adolescents at increased risk of abuse (Dufour *et al.* 2008). This finding is also contextualized by considering the relatively small numbers of Saudi adolescents in the sample who are not living with both parents (10%) in comparison to general population estimates where the proportion of all children living with single parents in the Middle East region is between 5 and 10% (ChildTrends 2013).

Generally Saudi adolescent girls are more often abused compared with boys, with the somewhat surprising exception of sexual abuse, where boys appear to be at greater risk. As Saudi adolescents grow older, they are more likely to experience maltreatment as well. This may be related to the

notion that as children mature they become more aware that certain adult caregiver behaviours like maltreatment are occurring. Alternatively, with advancing adolescence, increasing autonomy and independence may be reflected by greater degrees of conflict between the responding adolescents and their caregivers (Bartle-Haring *et al.* 2015) that can become expressed more violently.

The exceptions to the patterns of increased maltreatment with age and reductions of maltreatment for girls have to do with physical abuse. For the former as girls age, their experience with physical abuse increases, whereas for boys physical abuse is reduced, yielding the finding that there are no difference overall by age, whereas the difference only emerges as statistically significant when examining the interaction of age and sex. While the reasons for this interaction are highly nuanced one possible reason boys may be the exception to the overall pattern as they age is that they become more often physically capable compared with girls of defending themselves against a caregiver and thus less likely than girls to experience physical abuse (Bartle-Haring *et al.* 2015).

Finally with respect to sexual abuse, the higher rates for boys mentioned above are unexpected. Among western populations, previous studies reported that although rates for child maltreatment are similar for both sexes, girls have a greater risk of child sexual abuse compared with boys (Andrews *et al.* 2004; U.S. Department of Health and Human

Table 5. Variations in prevalence of abuse and violence exposure by age and gender

	Violence exposure			Psychological abuse			Physical abuse			Sexual abuse			Neglect							
	Prevalence	Intensity	P-value	Prevalence	Intensity	P-value	Prevalence	Intensity	P-value	Prevalence	Intensity	P-value	Prevalence	Intensity	P-value					
	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F					
Age	14.67	<.001	23.08	<.001	7.01	<.001	10.02	<.001	1.37	.24	3.69	.01	5.40	<.001	5.61	<.001	7.13	<.001	13.51	<.001
Sex	123.42	<.001	14.09	<.001	47.29	<.001	7.76	.01	1.79	.18	39.48	<.001	16.32	<.001	30.74	<.001	172.47	<.001	60.82	<.001

Services 2014). Global studies of this age group also tend to find higher self-report prevalence and incidence among adolescent females (Stoltenborgh *et al.* 2011). Similar findings are found in less developed countries – girls are at greater risk of neglect and sexual abuse whereas boys are at risk of physical abuse (Pinheiro 2006). In Lebanon, Usta and Farver (2010) reported that there were no gender differences in sexual abuse. In KSA, several explanations are possible including the possibility that sexual abuse may be regarded as too sensitive among adolescents and thus is underreported especially for girls. It is also anticipated that girls are more closely observed and less outgoing compared with boys decreasing their chances for sexual abuse. Alternatively, girls sexual victimization are more stigmatizing to family compared with boys, which might have resulted in lesser sexually victimized girls’ consents to participate in the study. The gender-segregated norms of the KSA may serve as a protective factor; however, this needs to be examined in future studies.

A representative sample of respondents was obtained for five of the thirteen regions in the KSA; however, the sampling frame does not take into account complex sample clustering with associated design estimates. This prevents the use of weights to adjust for the design effects and may affect the error of the sample estimates. Nevertheless, the sample is balanced within the regions consistent with the overall populations of students, and we assume a random sample. Disclosure of information, particularly potentially sensitive information regarding socially sanctioned behaviour may affect responses. Because of human subject protection concerns, the design of the study prevents a careful examination of response bias. This concern may impact certain subpopulations in the KSA regions and in specific communities in different ways.

Findings from this study are a solid foundation for moving ahead with additional analysis of the ICAST survey data. One important area will be to examine commonly co-occurring patterns of poly-victimization to assess whether there are new or similar patterns with regard to respondent demographic data like age and sex. Further analysis of differences in response patterns by KSA region is also contemplated because this may provide an opportunity to examine how regional differences may be associated with other regional characteristics. Another focus of research will be to address some of the patterns in the data to determine how the patterns might be better explained. This in turn may lead to the development of prevention programmes and policies that are culturally appropriate.

Key messages

- Significantly greater rates of all forms of abuse were found when participants lived with their mother or father only (versus with both), and even greater rates for all when they lived with their biological and step-parent.
- Rates for violence exposure, psychological abuse and neglect were significantly greater for girls, and rate of sexual abuse was greater for boys.
- Many forms of abuse have also been reported by students as co-occurring.

Acknowledgement

The authors would like to thank and acknowledge King Abdullah International Medical Research Center (KAIMRC) for their financial support of this study (RR11/008).

References

- Al-Eissa, M. A., Albuhaيران, F. S., Qayad, M., Saleheen, H., Runyan, D. & Almuneef, M. (2014) Determining child maltreatment incidence in Saudi Arabia using the ICAST-CH: a pilot study. *Child Abuse & Neglect*, **42**, 174–182.
- Al-Eissa, Y. A. (1998) Child abuse and neglect in Saudi Arabia: what are we doing and where do we stand? *Annals of Saudi Medicine*, **18**, 105–108.
- Al-Mahroos, F. & Al-Amer, E. (2011) Reported child sexual abuse in Bahrain: 2000–2009. *Annals of Saudi Medicine*, **31**, 376.
- Al Eissa, M. & Almuneef, M. (2010) Child abuse and neglect in Saudi Arabia: journey of recognition to implementation of national prevention strategies. *Child Abuse & Neglect*, **34**, 28–33.
- Almuneef, M. & Al-Eissa, M. (2011) Preventing child abuse and neglect in Saudi Arabia: are we ready? *Annals of Saudi Medicine*, **31**, 635.
- Almuneef, M., Qayad, M., Aleissa, M. & Albuhaيران, F. (2014) Adverse childhood experiences, chronic diseases, and risky health behaviors in Saudi Arabian adults: a pilot study. *Child Abuse & Neglect*, **38**, 1787–1793.
- Anda, R. F., Butchart, A., Felitti, V. J. & Brown, D. W. (2010) Building a framework for global surveillance of the public health implications of adverse childhood experiences. *American Journal of Preventive Medicine*, **39**, 93–98.
- Andrews, G., Corry, J., Slade, T., Issakidis, C. & Swanston, H. (2004) Child sexual abuse. *Comparative quantification of health risks: global and regional burden of disease attributable to selected major risk factors*, **2**, 1851–1940.
- Bartle-Haring, S., Slesnick, N. & Carmona, J. (2015) Reciprocity in adolescent and caregiver violence. *Journal of Family Violence*, **30**, 149–159.
- Bureau of Experts at the Council of Ministers (2013) *Law of Protection from Abuse*, 1st edn, Royal Court of the Kingdom of Saudi Arabia.
- Bureau of Experts at the Council of Ministers (2014) *Law of Child Rights and Protection*, 1st edn, Royal Court of the Kingdom of Saudi Arabia.
- ChildTrends (2013). World family map 2013: mapping family change and child well-being outcomes: World Family Map. Available at: http://www.childtrends.org/wp-content/uploads/2013/02/Child_Trends-2013_01_15_FR_WorldFamilyMap.pdf (last accessed 30 March 2015).
- Choo, W. Y., Dunne, M. P., Marret, M. J., Fleming, M. & Wong, Y. L. (2011) Victimization experiences of adolescents in Malaysia. *Journal of Adolescent Health*, **49**, 627–634.
- Deb, S. & Walsh, K. (2012) Impact of physical, psychological, and sexual violence on social adjustment of school children in India. *School Psychology International*, **33**, 391–415.
- Dufour, S., Lavergne, C., Larrivée, M.-C. & Trocmé, N. (2008) Who are these parents involved in child neglect? A differential analysis by parent gender and family structure. *Children and Youth Services Review*, **30**, 141–156.
- Finkelhor, D., Ormrod, R. K. & Turner, H. A. (2009) Lifetime assessment of poly-victimization in a national sample of children and youth. *Child Abuse & Neglect*, **33**, 403–411.
- International Society for the Prevention of Child Abuse and Neglect ICAST-CH study tool. Available at: www.ISPCAN.org/?page=ICAST (last accessed 21 August 2013).
- Lynch, M., Saralidze, L., Goguadze, N. & Zolotor, A. (2007) *National Study on Violence against Children in Georgia*. Unicef Georgia, Tbilisi.
- Pinheiro, P. S. (2006) *World Report on Violence Against Children*. United Nations Secretary-General's study on violence against children, New York.
- Runyan, D. K., Shankar, V., Hassan, F., Hunter, W. M., Jain, D., Paula, C. S. & Bordin, I. A. (2010) International variations in harsh child discipline. *Pediatrics*, **126**, e701–e711.
- Santoya, Y. I. H. & Corvacho, J. Á. C. (2011) Maltreatment and sexual abuse at home concerning schooling adolescents. *Revista Facultad de Ciencias de la Salud*, **8**, 262–269.
- Shaffer, A., Huston, L. & Egeland, B. (2008) Identification of child maltreatment using prospective and self-report methodologies: a comparison of maltreatment incidence and relation to later psychopathology. *Child Abuse & Neglect*, **32**, 682–692.
- SPSS Inc. (2013) *SPSS 20.0 for Windows*. SPSS Inc., Chicago, IL.
- Stoltenborgh, M., Van IJzendoorn, M. H., Euser, E. M. & Bakermans-Kranenburg, M. J. (2011) A global perspective on child sexual abuse: meta-analysis of prevalence around the world. *Child Maltreatment*, **16**, 79–101.
- U.S. Department of Health and Human Services (2014) *Administration on Children Youth and Families*. US Government Printing Office, Washington, DC.
- Usta, J. & Farver, J. (2010) Child sexual abuse in Lebanon during war and peace. *Child: Care, Health and Development*, **36**, 361–368.
- Usta, J., Farver, J. & Danachi, D. (2013) Child maltreatment: the Lebanese children's experiences. *Child: Care, Health and Development*, **39**, 228–236.
- World Health Organization. (2006) World health organization says violence against children can and must be prevented. Available at: <http://www.who.int/mediacentre/news/releases/2006/pr57/en/> (last accessed 8 July 2014).
- Zolotor, A. J., Runyan, D. K., Dunne, M. P., Jain, D., Péturs, H. R., Ramirez, C. & Isaeva, O. (2009) ISPCAN Child Abuse Screening Tool Children's Version (ICAST-C): instrument development and multi-national pilot testing. *Child Abuse & Neglect*, **33**, 833–841.