

Childhood Maltreatment and its Effect on Mental Health among Adolescents

Ahmed Qayssar Jasim^{1*}, Kareem Rishaq Sajit² and Hassan Ali Hussein³

^{1,3}Department of Psychiatric-Mental Health Nursing, College of Nursing, University of Baghdad, 00964, Iraq

Author Designation: ¹Lecturer, ²Assistant Professor, ³Professor

Corresponding author: Hassan A. Hussein (e-mail: hassana@conursing.uobaghdad.edu.iq).

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Abstract Background: Clearly, mental health is a crucial aspect of physical health. It is a necessary component of having the ability to live a happy and full life. Psychological abuse as a form of child maltreatment can have a serious effect on mental health. The main objectives of the study were to assess the level of childhood maltreatment and looked at how psychological and physical maltreatment affected the mental health of Iraqi adolescents. in order to achieve the objectives of the study. **Methods:** A predictive correlation design was used in current study carried during January-August 2024 One hundred adolescents (13-16 years; 50 males, 50 females) were recruited by convenience sample method and interviewed by using the Child Maltreatment scale, possible psychiatric diagnosis and current psychological and behavioral problems using the Mental Health Inventory, Content validity: was presented to a panel of 10 experts of psychologists in some hospitals and some faculty members at the University of Baghdad. Descriptive statistics and binary logistic regression, Chi square were used to analyze data. **Results:** The results revealed less than half of the sample experiencing low level of parental childhood abuse (41%) which is the high percentage and 38% are exposed to moderate level and two third experiencing fair mental health problems. Also parental childhood abuse no significantly predicted with mental health variables. The results show that there is a need for stronger defenses against childhood maltreatment. **Conclusions:** Gaining better psychological health always pays off because it enhances all facets of one's life. The findings emphasize the necessity of routinely screening child workers for mental health issues and the importance of taking emotional abuse into account in all preventive measures taken to stop child maltreatment as well as in efforts made to treat it to decrease its detrimental effects on both present and future mental health.

Key Words Childhood maltreatment, mental health, adolescents

INTRODUCTION

It is widely acknowledged that child maltreatment, which includes physical, psychological and sexual abuse as well as neglect, is a severe public concern that affects matters of health, human rights, law and society [1]. Meta-analyses of the prevalence of child maltreatment around the world indicate that 18% of people say they have been physically abused, 36% say they have been emotionally abused and 18% of girls and 8% of males say they have been sexually abused [1]. A lifetime of child abuse or neglect affects about one in four children. 18% of maltreated children experience physical abuse, 78% experience neglect and 9% experience sexual abuse. Child maltreatment is the second greatest cause of death in children under the age of one, with a fatality rate of 2.2 per 1000 children per year. Young age, prematurity, special needs, twins, colic/crying, behavior issues and toilet training/accidents are just a few of the risk factors that

enhance the likelihood of physical abuse against children. Poverty, parental drug or alcohol misuse and domestic violence in the home are risk factors for perpetrators (30% to 60% co-occurrence); 91% of the time, the offender is a parent [3,4,5,6]. Violent childhood experiences can have long-term harmful impacts on a person's physical, emotional and mental health. The prevention, identification and treatment of physical child abuse are crucial to preventing these harmful health impacts; regrettably, child physical abuse is under-detected and under-reported by medical practitioners [7,8,9,10,11]. Previous research have proven that childhood abuse and poor mental health are related [12,13]. It has also been demonstrated that this early unfavorable environment has an impact on depression and anxiety, two common mental health issues [14]. The problem of child abuse is also a problem of serious dimensions that results in negative effects on the psychological and social health of the child, which

may be medical effects that appear in the form of difficulties, disability, bone fractures, serious injuries, transmission of infectious and dangerous diseases, or developmental effects such as intelligence problems or mental retardation psychological effects where they may find it difficult to form healthy relationships with their relatives and it can also appear in the form of health disorders [15].

Because Psychological abuse is regarded as less dangerous and significant than physical and sexual abuse, children's protection rights also include protection against PA [16]. PA has become a global topic of concern due to findings that its prevalence is rising and a growing understanding of its profoundly harmful implications on healthy development [17]. The findings of the current study will be used to address known and suspected instances of parental psychological abuse as well as behavioral issues.

METHODS

A predictive correlational design, descriptive study was conducted in secondary school students, Baghdad city during January-August 2024. The study was carried out in Baghdad, the capital of Iraq. Male and female students in government secondary schools were the study population's target demographic for the quantitative survey. The inclusion and exclusion criteria were the participants ranged in age from 12 to 18 years, with a mean age of 14 ± 2.50 years, which the parents are alive, the student must have lived with the confines of his parents, to be father is not married more than one and no have physical disability. A convenience sample consisted of 100 students recruited from the secondary school students in the Kirhk and Rusafa sectors in Baghdad city. Under the following presumptions: a statistical power of 90%, a level of confidence of 95%, the sample size was estimated using a double population proportion formula. The responders' participation was wholly voluntary. To ensure the respect, dignity and freedom of each participant and to ensure the confidentiality of the study, participants were fully informed of the purpose of the investigation and verbally consented. They were also informed that the information they provided would not be disclosed to anyone else, including anyone at the school. A questionnaire consisting of two parts: the first part includes demographic characteristics and contains 9 items. The second part include Parental abuse scale a measure parental abuse scale was used to measure for assessing parental abuse toward children prepared by the researcher. The researchers were built the scale according of the available previous study that related to the current study was internal consistency 0.89. Validity is concerned with the extent to which an instrument corresponds. Content validity: was presented to a panel of 10 experts of psychologists in some hospitals and some faculty members at the University of Baghdad. It is a 15-item self-reporting questionnaire gives a total score. Higher scores indicate found abuse for each issue, which is graded on a 3-point scale. The score ranged from 1-3 (1 = Never, 2 = Sometimes, 3 = Always).The score

was interpreted as mild parental abuse (1-1.99), moderate (2.00-2.99) and high (3.00-4.00). The third part include Mental Health Inventory (Veit, Ware, 1983): The 38 items on the Mental Health Inventory were standardized in 1983. It is meant to assess a person's psychological well-being and current mental health condition within the previous month. The MHI consists of two global scales (Psychological Distress and Psychological Wellbeing), two global subscales (Anxiety, Depression, Loss of Behavioral/Emotional Control, General Positive Affect, Emotional Ties and Life Satisfaction) and a Global Mental Health Index score. The scale's internal consistency for different features varies from 0.81 to 0.96. Each item is scored on a 3-point scale with higher scores indicating psychological distress. The score ranged from 1-3 (1 = Never, 2 = Sometimes, 3 = Always).The score was interpreted as good (1-1.99), fair (2.00-2.99) and poor (3.00-4.00).The sample pupils were given the structured questionnaires, which comprise demographic, childhood maltreatment and mental health data, after the school administrators and students gave their informed consent. First, the responders were contacted and asked for their permission to participate if they so desired. The respondents were asked to choose the best time to conduct the interview after their permission had been obtained. After that, each respondent was interviewed in Arabic using the semi-structured interview guide. The goal of the interview was explained at the outset of each one. The interviews lasted somewhere between 10 and 15 minutes. All of the interviews took place where the respondents worked. Payment was neither sought nor offered. As is customary in qualitative interviews, ambiguous answers were clarified using follow-up questions. When the data began to repeat, each interview was ended. They were then acknowledged for their participation. To determine a general pattern of the respondents' mental health according to sex, age, birth order, parent grade level, parent alive and monthly income. The use of descriptive statistical statistics like mean and standard deviation. To determine the impact of childhood maltreatment on students' mental health, binary logistic regression was utilized. To determine if the independent and dependent variables correlate with one another and to gauge the strength of the link between variables, the chi square measure was calculated. Data were analyzed by SPSS version 26 utilizing inductive thematic analysis.

RESULTS

Total 100 students participated in this study, 51% of the students are with age group of 13-14 years old (average mean = 14), who were male (55%) in the third intermediate class (47%). 25% of the students were the firstborn in their families are shown in Table 1.

Approximately third of mothers and fathers of the students are graduated from primary school (34% and 28%). The majority of mothers and fathers of the students are alive (96% and 90%). Regarding monthly income, 62% of the students' families have sufficient incomes are shown in Table 2.

Table 1: Socio-demographic Characteristics of the Students

Characteristics	Frequency	Percentage
Age group		
13-14 years	51	51.0
Average Mean 14		
15-16 years	49	49.0
Total	100	100.0
Gender		
Male	50	50.0
Female	50	50.0
Total	100	100.0
Birth order		
First	25	25.0
Second	16	16.0
Third	19	19.0
Fourth	18	18.0
Fifth	10	10.0
Sixth or more	12	12.0
Total	100	100.0
Scholastic class		
First	24	24.0
Second	29	29.0
Third	47	47.0
Total	100	100.0

Table 2: Socio-demographic Characteristics of the Students' Family

Characteristics	Frequency	Percentage
Mother's level of education		
Doesn't read and write	4	4.0
Read and write	2	2.0
Primary school	34	34.0
Intermediate school	21	21.0
Secondary school	17	17.0
Institute (Diploma)	10	10.0
College/higher education	12	12.0
Total	100	100.0
Father's level of education		
Doesn't read and write	1	1.0
Read and write	1	1.0
Primary school	28	28.0
Intermediate school	21	21.0
Secondary school	20	20.0
Institute (Diploma)	8	8.0
College/higher education	21	21.0
Total	100	100.0
Mother alive		
Yes	96	96.0
No	4	4.0
Total	100	100.0
Father alive		
Yes	90	90.0
No	10	10.0
Total	100	100.0
Monthly income		
Sufficient	62	62.0
Barely sufficient	24	24.0
Insufficient	14	14.0
Total	100	100.0

Table 3: Childhood maltreatment for their Students

Parental abuse	Frequency	Percentage	M	SD
Low	41	41.0	1.80	0.765
Moderate	38	38.0		
High	21	21.0		
Total	100	100.0		

M: Mean, SD: Standard Deviation

Table 4: Mental Health among students

Mental health	Frequency	Percentage	M	SD
Poor	4	4.0	2.19	0.486
Fair	73	73.0		
Good	23	23.0		
Total	100	100.0		

M: Mean, SD: Standard Deviation

Table 5: The Effects of Childhood maltreatment on Students Mental Health (N = 100)

	Un standardized Coefficients		Standardized Coefficients		
Simple linear regression	B	Std. Error	Beta	T	Sig.
Childhood maltreatment	0.051	0.098	0.522	0.522	0.603

Dependant variable: Mental health problems

Table 6: Association between Mental Health Problems among Students and their Socio-demographic Characteristics (N = 100)

Characteristics	Parental abuse			
	Chi-square	d.f	p-value <0.05	Significance
Age group	30.105	2	0.512	N.S
Gender	31.785	2	0.427	N.S
Birth order	151	10	0.555	N.S
Scholastic stage	56.385	4	0.677	N.S

d.f: Degree of freedom, P: Probability, N.S: Not significant, S: Significant

Table 7: Association between Mental health problems and Socio-demographic Characteristics of the Students' Family (N = 100)

Characteristics	Parental abuse			
	Chi-square	d.f	p-value <0.05	Significance
Mother's education	166.955	12	0.163	N.S
Father's education	171.666	12	0.109	N.S
Mother alive	21.503	2	0.664	N.S
Father alive	19.398	2	0.778	N.S
Monthly income	69.670	4	0.034	S

d.f: Degree of freedom, P: Probability, N.S: Not significant, S: Significant

The overall level of Childhood maltreatment was low (41%) which is the high percentage and 38% are exposed to moderate level, while only 21% are exposed to high level of Childhood maltreatment are shown in Table 3.

The overall level of mental health was fair (73%) and only 23% are experiencing severe problems are shown in Table 4. The simple linear regression test in this table indicates that Childhood maltreatment has no significant predictor effect on students' mental health evidenced by none significant at p-value ≤ 0.05 are shown in Table 5.

There is no significant association between mental health problems among students and their socio-demographic characteristics at p-value ≤ 0.05 are shown in Table 6.

There is no significant association between childhood maltreatment and family characteristics except monthly at p-value ≤ 0.05 are shown in Table 7.

DISCUSSION

In this study, 13-16 year-old Iraqi adolescents were studied for their prevalence, kinds of childhood maltreatment and relationships to mental health issues. The findings of the current study reports a low level of Childhood maltreatment (41%) which is the high percentage and 38% are exposed to

moderate level, while only 21% are exposed to high level of Childhood maltreatment. In view of point of researchers this is due to the importance of family and the role of the influential in raising children that the family and what it involves individuals are the first place where social communication practiced by the child in the early years of his life, which is reflected on the growth of social later parents and is considered the model of role models and ideals that should their children followed his example and the parents are working to give their children positive behaviors unwanted which help to develop and refine their children's personal. These finding are generally inconsistent with previous finding by Pandey *et al.* [18] revealed 83.36% of the sample as a whole reported experiencing some form of abuse or neglect. In regard of mental health level the findings showed that the students are experiencing moderate mental health problems (73%) and only 23% are experiencing severe problems. These finding are generally consistent with previous finding by Damodaran *et al.* [19] revealed that the sample's mean Global Mental Health Index score was 156.73 with a standard deviation of 21.536, indicating a degree of mental health that was average. In regard the effects of childhood maltreatment on students mental health the simple linear regression test indicates that parental abuse has no effect on students' mental health. This result are inconsistent with study by Rizvi and Najm [20] the results of the regression analysis showed that the parental psychological abuse hypothesised component predicted adolescent mental health issues. This could be the childhood maltreatment is low level and then no present effect on students' mental health. The findings also showed there is no significant relationship between mental health problems among students and their parents' socio-demographic characteristics except monthly income. This results were consistent the study of Damodaran *et al.* [19] who found there is no statistically significant correlation between mental health variables and demographic factors such as sex, place of residence, parents' education and occupational background, the family's monthly income the and religion [17]. The researcher suggested by there are another reasons inside the family may affected on students mental health such as loss of family cohesion and support and conflict that lead the students no feel of psychological safety, behavior negative and despair. This study has a few limitations, the first one limitations of this study lies in the fact that the sample size was small; Therefore, study results cannot be generalized to the general population of adolescents. The data were gathered through the use of a self-report questionnaire and sampling technique which may lead to selection bias, which introduces bias.

CONCLUSIONS

Enhancing one's psychological well-being always pays off because it enhances all facets of one's life. Children who experience psychological and physical abuse have been shown to have poor mental health. Families, medical professionals and policy makers must give psychological

abuse of children the attention it requires in order to effectively prevent and manage it. This is one of the major concerns connected to children's health.

Conflicts of Interest

There are no conflicts of interest.

Ethical Statement

The study was approved by ethical committee at University of Baghdad/college of nursing

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