The Demographic and Psychological Dimensions of Hopelessness: A Study into the Long-Term Effects of Childhood Abuse

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ABSTRACT: The paper addresses the issue of child abuse (physical, sexual, emotional) in the context of demographical factors and other socio-economic parameters. Exploratory Factor Analysis and Confirmatory Factor Analysis were used with Structural Equation Modeling to arrive at the results. Factors such as age, gender, income level and education have a significant impact on hopelessness. Tendency of not disclosing when abused, not getting help, and getting deposed from are three dimensions which determine the construct of hopelessness in children. Abuses of female children at younger age lead to greater hopelessness.

Key words: Child hopelessness, child abuse, Egyptian children, disclosure, abuser pressure.

INTRODUCTION

The term 'child abuse' encompasses any kind of physical or emotional mistreatment of children. It is known to have a significant impact on the wellbeing of the child, often causing the child to experience trauma as a result, with implications such as sexual trauma, sensing betrayal, haplessness and stigmatization. Haplessness causes a child to lose control over their lives. Often, this haplessness is the result of powerful manipulation by the abuser, but even the absence of coercion can have this effect; any situation that a child feels cannot be changed, and in which the child feels entrapped, can cause haplessness in children (Finkelhor & Browne, 1985). The alarming increase in instances of reported child abuse has pressurized the agencies to such an extent that modifications to the system were required in order to allow the bulk of the resources to be utilized for the investigation of the root cause. This has resulted in scarcity of resources for children and families at risk of potential child abuse. The administrators of public social service

state that "child protection is child welfare" (Gilbert, 1997, p.3). Reports of child abuse reach the agencies as a last resort, only after preventive measures taken by educational programs fail, when public housing and creation of job opportunities do not ensure safe living arrangements, and when the health of mothers does not allow them to take care of their children (Pecora et al. 2009, p.1). Child abuse can occur for multiple reasons, ranging from the economic condition of families and marital problems between the parents, to emotional problems among the adult members of families.

Child abuse can manifest in many forms, such as physical, emotional and sexual behaviors. Its long-term impact can be seen in adults with a history of abuse experienced during their childhood (Mullen et al., 1996). Such impacts can be differentiated based on different forms of abuse occurring during childhood. Adults with a history of emotional abuse exhibit sexual difficulties. While children who suffer in the hands of female tormentors are likely to suffer from psychological problems in their adult life, those children who are

emotionally abused by males are more likely to suffer from sexual problems. Mullen et al. (1996) have further studied that while child abuse is more common in low income and socially deprived families, risks are low when children are close to their mothers, due to the protection they are able to provide.

The differing impacts of various kinds of child abuse, such as physical abuse, sexual abuse, and neglect have been studied by Trickett and Mc-Bride-Chang (1995). Children with experiences of sexual abuse or neglect show the inclination to remain socially aloof. The long-term effects, such as depression, social isolation, self-harming, sexual maladjustments, etc. can manifest during later adulthood, even though the effects can remain absent during college years (Browne & Finkelhor, 1986). Coffey et al. (1996) have observed that adult women with an experience of sexual abuse during childhood tend to develop symptoms of self-blame and powerlessness, and they are less inclined to trust others while feeling stigmatized. However, Conte & Schuerman (1987) has concluded that 21 percent of abused children do not exhibit the normal effects, such as social isolation and anxiety.

Child abuse in the forms of physical or sexual abuse and neglect can be the result of a combination of multiple factors affecting the roots of the relationship between the child and their parents, environment and peers (Geeraert et al., 2004). The impact on the child can be long-term and its severity depends upon the perpetrator's gender.

Letiecq et al. (2008) have studied cases associated with grandparents who take informal care of their grandchildren. These grandparents often lack the legal rights to intervene in cases where the children have experienced abuse-related trauma. There are other dimensions, such as the unwillingness of children to disclose about their experience (London et al., 2005), pressure from

the abuser (Finkelhor & Browne, 1984), and abused isolation (Coohey, 1996).

In light of the known impacts and issues facing adult victims of past child abuse, this paper attempts to address the following research goals:

1) To estimate the impact of predictors such as gender, age, marital relation, residence (rural/urban), education, income level and number of children on the long-term effects of abuse.

2) To determine the dimensions for the construct 'hopelessness in abused children'; the four identified dimensions are: 'didn't tell anyone when abused', 'told someone when abused', 'withdrew from people after abuse', 'no help from anyone when abused'.

Child's gender association

Contrary to the common belief that female children are more exposed to child abuse, research has proven otherwise. Faller (1989) has pointed out that most of the time, the experience of male children remains undisclosed for the fact that compared to their female counterparts who suffer at the hands of family members, male children are more likely to be abused by people outside their family. Wellman (1993) revealed that women carry stronger beliefs and reactions toward abuse victims and offenders than males. Moreover, 6 percent of males claimed they were sexually abused during childhood, as opposed to 13 percent of females. However, in the case of physical abuse, the result is contradictory, with men reporting more cases of physical abuse during childhood than women (Sobsey et al., 1997). The study conducted by Sobsey et al. (1997) has revealed that while girls are more likely to be sexually abused, other offences such as negligence and physical abuse are more commonly experienced by boys than girls. This statistic of physical abuse is also supported by Ross (1996).

Spataro et al. (2004) have studied that mental disorders in children who have suffered from sexual abuse are more common in boys than girls. The study has revealed that although boys exhibit

behavioral problems more frequently than girls, conduct disorder is more common among girls than boys. In the case of personality disorder, there was found to be equal occurrence in both genders.

Shyness is another factor of abuse, which causes lack of self-confidence in children, as studied by Crozier (1995). It was found that shyness is more prevalent in girls than boys, and it is also more common among secondary school age adolescents than primary school age children. Jones and Russell (1982) have argued that shyness prevents one from making positive connections with people - and even parents, preventing them from behaving appropriately in social situations. Other problems, such as lack of communication skills, self-consciousness, and feelings of isolation are also evident.

Parental emotions and socialization

The issue of child abuse, while itself is a complex issue, nevertheless can be seen in a broader social context. Since parents and in particular, mothers, are responsible for the upbringing of children, Garbarino (1976) has studied the impact of socioeconomic stress on mothers. In rural areas, where the majority of mothers are single parents with limited education, the rate of child abuse can be high. This can often be viewed as representative of the mother's frustration level, as with limited resources, mothers find it difficult to cope with rearing their children. Other studies have revealed that abusive mothers establish less supportive relationships with their children (Burgess & Conger, 1978), are more aggressive during verbal or non-verbal interactions with their children (Bousha & Twentyman, 1984), and are less active with their children (Schindler & Arkowitz, 1986) than non-abusive mothers. This encourages children to develop feelings of anger. It can be argued that an adequate social support system in the form of economic, educational and child care support can reduce the probability of

child abuse for children who are in the care of low income, single mothers.

Another factor that increases the risk of child abuse is the relationship between the child's parents. Ross, 1996; Khusaifan & Samak, 1997) has identified that violence between parents can increase the probability of child abuse at the hands of the aggressive parent. Moreover, there is more evidence to suggest a link between increased marital violence and abuse from a male parent, than there is to suggest such a link for female parents.

The relationships parents have both with each other and their children can be further impacted by the abuse they have suffered as children themselves. DiLillo & Damashek (2003) have noted that parents with a background of childhood sexual abuse may find it difficult in establishing normal relationships with their children. Parents with a history of childhood abuse react more strongly when their children go through the same experience, than those parents who have no such history (Deblinger et al., 1994; Coohey & Braun, 1997). It can also be concluded with the highest probability that mothers who physically abuse their children are more likely to have suffered at the hands of their own mothers during their childhood (Pears and Capaldi 2001).

In order to determine the differentiating factors between families dealing with child abuse and those who are not, Oates et al. (1980) compared 56 families experiencing child abuse with a control group of families who were not. It was found that several factors attribute to child abuse at the hands of parents – such as unplanned pregnancies resulting in lack of preparation for parenthood; and high expectations of their children, resulting in parents becoming abusive if their children tend to fall into trouble more often than children from other families. Moreover, there can be other reasons, including financial difficulties in the family or the health concerns of

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parents, which may cause them to release their frustration on their children.

Evolvement of child welfare agencies

Child welfare agencies are formed for the protection of children and their overall development (Jack & Gill, 2010). These agencies make their decisions regarding child protection policies based on the permanent wellbeing of children. These decisions are based on interviews taken of children and families who have been reported for child abuse or neglect. The efficiency of child welfare policies depends on the ability of the agencies to conduct proper investigations of the mistreatment received by the child (Pence, 2011).

An integrated effort of caregivers, welfare agencies, researchers and medical practitioners is required to prevent children from being abused at a tender age, or from being neglected after any such traumatic incident has taken place. In a study conducted in 1998, a cross-sectional survey of children in Egypt revealed that 37% were beaten or tied up by their parents and 26% underwent physical harm, including fractures and even lost senses. Over the recent past, Egypt has made concerted attempts towards progress and protection of children by reforms of the law and other social services in preventing violence against children (WHO, 2015). Decentralized child protection agencies, community-based groups and the amendment made in Child Law in 2008 have ensured early attendance to children in need of protection. Child helpline; children's courts and counseling centers for their families; law keepers for children; and all kinds of potential responses towards their protection needs are ensured across five governorates in Egypt. Even the religious leaders attempt to maintain a healthy environment for children (UNICEF, 2015).

The previous studies have not identified the basic problems or dimensions which have led to feelings of hopelessness in abused children. The four dimensions identified (told someone, abuser told not to tell anyone, no help when abused, withdrawn from people) is the novelty of the current research. Once the fundamental reasons or associated aspects are identified, it will be easier to deal with cases of hopelessness in abused children.

RESEARCH METHODOLOGY

Participants and questionnaire

This research undertakes a quantitative approach, and a primary survey is employed. The sample size comprises both male and female children from 24 villages and cities. Questionnaires were designed to perceive the responses regarding the negative childhood experiences of grown adults. The study essentially focuses on one dimension; that is, hopelessness as a result of child abuse. The questionnaire was semi structured with mostly close-ended and some open-ended questions.

Data analysis

In the analysis of the data presented, the answers will be tabulated, and a set of structural modeling equations should be formulated. This set of equations should not be under identified – i.e. number of estimated parameters should be either the same or below the number of equations (Barrett et al, 2007). Exploratory and confirmatory factor analysis (EFA and CFA) will be undertaken for analyzing the data using AMOS software. The validity of EFA is tested with help of Kaiser-Meyer-Olkin (KMO) and Bartlett's test. As per convention, the KMO test should have a value closer to 1 for better validity indicator.

Under factor analysis, different statistical tests are applied in order to check how the model fits to the data (Schmitt, 2011). The paper will also entail visual representation of tabulated data in the form of graphs.

Hypotheses to be tested:

Each equation of the model will entail multivariate regression analysis. The following set of hypotheses will be tested:

H1: Hopelessness as a negative feeling of the abused child cannot be defined or extracted from these dimensions: No help when abused; Told someone of the abuse; Abuser told not to tell anyone; Withdrew from others as a result of abuse.

.H2: It is expected that there is a relationship between demographic variables and personal experience of abuse or hopelessness, to different extents:

➢ H2a: There is a correlation between gender, age, marital status, income status and educational level of the abused child and feelings of hopelessness.

➢ H2b: The number of children and type of residence (rural or urban), has an influence on the abused person's level of hopelessness.

H3: It is expected that males experience less exposure to negative feelings of hopelessness than females:

➢ H3a: Females are exposed to more negative feelings in cities than in rural settings (villages).

➢ H3b: Males are exposed to more negative feelings in rural settings (villages) than in the cities.

The hypotheses will be tested in two steps:

Steps to test the hypothesis:

1) Extraction of the dependent variable Hopelessness from its dimensions using Exploratory Factor Analysis (EFA) and saving it as a variable.

2) Conducting a Structural Equation Modeling (SEM) analysis to illustrate the relation between independent variables and the dependent variables.

This study aims to list the predictors of hopelessness and the effect they have on negative feelings in abused children. Demographic factors such as age, gender and place of stay (rural or urban origin) may also play a significant role in determining the level of child abuse and the resultant negative feelings of hopelessness.

Addressing the above set of research hypotheses will effectively answer the set of research questions already raised in this paper.

Reliability and Validity

The answers of participants are cross-checked via thorough investigation of the research, addressing the potential misrepresentation that may occur by relying solely on participant responses. The anonymity of participants is maintained in order to negate any bias that may otherwise skew the results. The validity of results is ensured through the use of statistical tests, allowing for the conclusions to also be validated.

RESULTS

The EFA shows that KMO is 0.527 and hence indicates moderate validity. Bartlett's Test of Sphericity yields a statistically significant ($p < 0.005$) χ^2 value. Therefore, the factor analysis can continue. From the communalities table, it is evident that there is no variable that demonstrates very low shared variance. Two factors are extracted which are associated with the variables included in the dimension. The criterion for extraction is for the factor to have an Eigen value higher than 1. The first factor explains much more (31.82%) of the variance than the second (26.78%). In terms of the loadings of the variables by each of the 2 extracted factors, it appears that 'told someone' is with very high loading into the second factor and is the only one with such a high loading. However, from the current analysis, this variable could be seen as part of Dimension 1. Therefore, it will be discarded from this construct.

The remaining three variables load well in the first factor, with 'deposed' moving in reverse direction. However, the expectation is that all variables should load in same direction. In the further CFA, the estimated coefficients will be explored and confirmed. In forming a conclusion from the analysis of the four proposed dimensions, one factor will be further explored with regard to three of the proposed four

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variables: No help, not telling and becoming withdrawn.

The general model has two main components: the construction of a dimension of Hopelessness and the impact of the independent variables (gender, age, residence, etc.) on this.

The dimension of Hopelessness is a construct of 3 observed variables:

- when abuse occurred, no one was able to help
- the abuser forced the child not to tell
- the child became withdrawn from people as a result of the abuse

All three variables are significant for the construct (p-values < .001) at 5% level of significance.

The direction of becoming withdrawn is negative, unlike the directions of 'no help' and 'not telling'. That is expected and gives meaning to the construct:

- if a person is hopeless, he/she will not become withdrawn from society.
- if a person is hopeless, he/she will not tell others about the abuse and vice versa.
- if a person is hopeless he/she will submit to the abuser and not tell anyone.

Hopelessness is directly linked to no help and not tell (estimate = 1 and estimate = 1.09). However, the effect of hopelessness on becoming withdrawn is stronger (estimate = -1.406).

From Table 3 with regression estimates, it is easy to see that all the independent variables, except residence and the number of children, have a significant impact on Hopelessness at the 5% significance level. Marital status is a boundary case, as it is significant at the 10% level but not at the 5% level.

From the coefficient table, the following interpretations can be made: 1) females are more hopeless than males; 2) the initial interpretation is that the older the person, the more hopeless she is. However, the interpretation of this effect should not be considered to be as straight-forward as the age of the person and her hopelessness. Since the hopelessness construct refers to the time when the

abuse occurred, and the data is collected in the present time while reflecting the age of the person at the time of the abuse, the more accurate interpretation is that the abuse occurred in the more distant past, people were more hopeless than those who had been abused in recent years; 3) Residence is not significant, which means that there is no difference in the level of hopelessness between those living in rural areas and those in villages; 4) Marital status does not have a meaningful interpretation; 5) The education level coefficient means that the higher a person's level of education, the more hopeless she is, which is also a meaningless interpretation; 6) The income level means that the lower a person's income level, the more hopeless she is, which is meaningful and expected; 7) The number of children in a person's family is not significant.

Comparative Fit Index (CFI) illustrates the ratio of 'difference between $\chi^2 - df$ of null and proposed model' to $\chi^2 - df$ of null model. The model is acceptable with a CFI measure of 0.9. This model does not satisfactorily meet the requirement, as the CFI is much less than 0.9. The incremental fit index (IFI) is affected by sample size. For calculation of IFI, first the difference between the chi square of the independence model--in which variables are uncorrelated--and the chi-square of the target model is calculated. Next, the difference between the chi-square of the target model and the df for the target model is calculated. The ratio of these values represents the IFI. This model does not meet the IFI requirement of being above and equal to 0.9. Tucker Lewis index (TLI) is a similar model fit index and also considers 0.9 measure. This model is not approaching fit considering TLI. Normed Fit Index (NFI) is calculated as the ratio of 'difference of χ^2 between null and proposed model' to the null model. This model also does not meet the requirement of 0.9 for NFI. Relative fit index (RFI) compares the chi-square for the hypothesized model to the baseline model. This model does not meet the index requirement of 0.9 for RFI.

Root Mean Square Error of Approximation (RMSEA) is above .08 and hence, the model does not show a good fit. The model has an overall good fit according to the GFI (more than .9). However, the Root Mean Residual (RMR) and RMSEA (0.121) declare high variability not explained by the included variables in the model. Therefore, in order to improve this in further analyses, more variables should be explored and included.

The above improved model considers co-variances between the predictors. For instance,

education level is associated with place of residence (rural/urban). A child from an urban backdrop is more likely to be properly educated. Again, rural families are more likely to have a higher number of children in the household, and hence residence is related to the number of children and a person's education level. Monthly income level also affects hopelessness through parameters such as the number of children, education, etc.

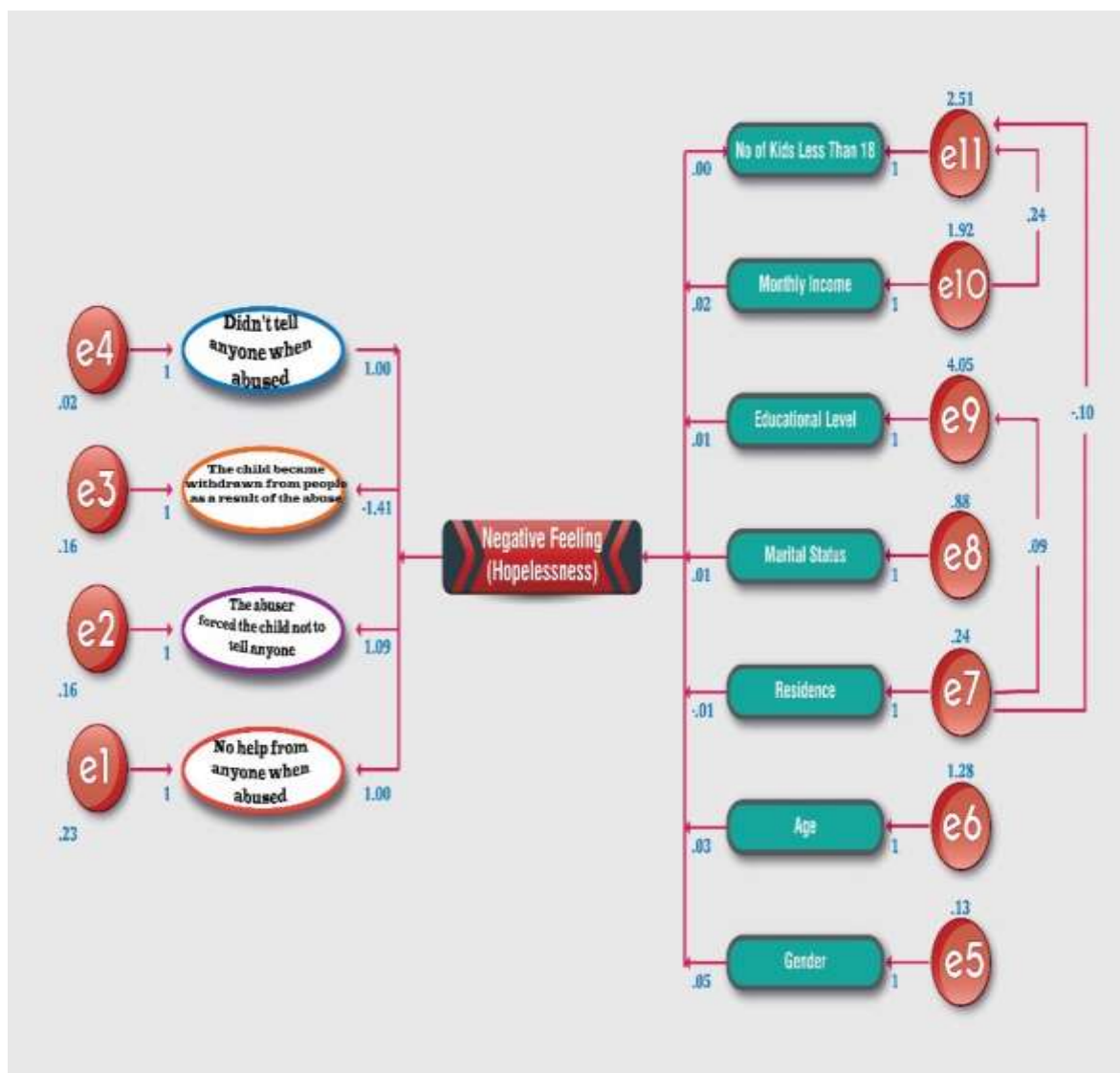**Figure 1: CFA Hopelessness – Improved model**

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Table 1: Regression Weights for each indicator and dimension of hopelessness.

Variables			Estimate	S.E.	C.R.	P
Hopelessness	<---	Gender	.055	.017	2.99	.004
Hopelessness	<---	Age	.026	.005	4.01	***
Hopelessness	<---	Residence	-.007	.011	-.47	.633
Hopelessness	<---	Marital	.013	.007	1.87	.062
Hopelessness	<---	Education	.011	.003	2.97	.004
Hopelessness	<---	Income	-.017	.006	-3.12	.003
Hopelessness	<---	Kids	-.003	.005	-.648	.517
No help from anyone when abused.	<---	Hopelessness	1.00			
The abuser forced the child not to tell anyone.	<---	Hopelessness	1.08	.213	5.127	***
The child became withdrawn from people as a result of abuse.	<---	Hopelessness	-1.40	.281	-5.014	***

In the above table of coefficients for the improved model, the variables of gender, age, education and income level are shown to have a significant association with the child's feelings of hopelessness at 5 % level of significance.

Table 2: Model Fit Summery.

Model	Chi-square	NFI Delta1	RFI rho1	IFI Delta2	TLI rho2	CFI	RMR	GFI
Default model	544.917	.131	-.118	.135	.270	.127	.175	.903
Saturated model	.000	1.000		1.000		1.000	.000	1.000
Independence model	1066.329	.000	.000	.000	.000	.000	.175	.890

Model	CMIN	PRATIO	FMIN	ECVI	NCP	PCFI
Default model	926.994	.778	.530	.553	891.99	.098
Saturated model	.000	.000	.000	.063	.000	.000
Independence model	1066.329	1.000	.610	.621	1021.329	.000

RMSEA is .097 and hence, the model does not meet the requirement of RMSEA below or equal to 0.08. However, RMR and GFI indicate a good fit. Additionally, indices that compare the target and null models are unsatisfactory.

DISCUSSION

Children who are more physically abused have a tendency to demonstrate negative behaviors such as aggression, depression and feelings of hopelessness. It is difficult for them to socialize freely, unlike their peers. Demographic factors such as gender variation also have a role to play in determining such negative behaviors in children as they grow. Based on the results, there is a higher likelihood of physical abuse in males, and they are also victims of their parents' wrath more frequently than girls. This in fact follows from our literature survey besides the primary survey held

for this research. Children from the lower income group have a higher incidence of neglect and negative behaviors as a result of abuse, when compared with those from the higher income group. More typically, parents belonging to upper income strata are less likely to have problems spending money on their children, and usually have the means to buy the things that make their children happy. When they are not faced with financial problems, these parents have less troubled minds than those who must strive hard to make ends meet. When the rural and urban population is categorically compared, rural children are more likely to depict negative feelings than their urban counterparts, and it is most often the father who handles a male child abusively or with physical violence. The fact that income plays an important role here also explains this difference in treatment between rural and urban children.

The long-term impact of child abuse is manifest in the form of mental illness in adult years. At present, it is impossible to attribute any single psychological condition to child abuse, and often adults with a history of child abuse display multiple forms of mental illness, most of which have considerable overlap. There are various factors that contribute to the psychological condition of these people, and these are: intensity of abuse, period over which the person had experienced abuse in his/her childhood, relationship with the abuser, and the family's social and economic condition.

The current research has shown that if a person is hopeless, she will not become withdrawn from society. Love et al. (2003) have explored different studies to suggest that a child's development is largely influenced by the quality of child care. While low quality child care can have an adverse effect on children in terms of learning difficulties, high quality child care can increase the learning abilities of children. The authors have further concluded that the quality of child care that has a much more positive impact on child development than the time period during which children have accessed child care. These findings can support the current research, in that a person suffering from hopelessness due to history of child abuse will be inclined toward social care and support. This is further corroborated by Boivin et al (1995) as they have argued that socially isolated children can become victimized. The fact that social isolation can actually increase the probability of child abuse has also been supported by Seagull (1987) who has suggested that parents who feel neglected by society and are socially deprived will tend to subject their children to maltreatment. For this reason, a child who has been abused is more likely to attempt to find solace and emotional security in an individual or group of people around him or her. Hence, he or she might be more inclined towards socialization.

Oftentimes, children who suffer from abuse keep this information to themselves, and may actually become submissive to the instructions of the abuser. Many reasons contribute to this, most of which are psychological. Abusers may use reverse psychology, e.g. convincing the child, or they may threaten the child of dire consequences such as families breaking up. The child may also become confused as to whether the abuser is doing anything wrong, and also fear that their parents will not believe them. Moreover, the child may actually suffer from self-blame, believing that they could have stopped the abuser. London et al. (2005) have based their arguments on studying reports of adults who have experienced child abuse and reviews of children who are undergoing psychological treatment for abuse. The authors have concluded that abused children commonly choose to remain silent, and this fact has been proven by the current study. Further corroborating, Goodman-Brown et al. (2003) have concluded that while older children are more fearful of negative consequences than the younger ones, girls suffer from self-blame more often than boys. Putnam (2003) has supported this fact in stating that a woman with a history of childhood

abuse is five to six times more likely to suffer from depression than a woman without such history; and in the context of gender, women are more than twice more likely to be depressed than men.

The current study has also proven that hopelessness is more common in those who experienced child abuse in the distant past, when compared to those for whom it occurred recently. Wegman and Cinnamon (2009) and Widom et al. (2007) have confirmed this theory, with the former stating physical problems in adulthood and the latter confirming negative consequences through middle age. Some isolation is workable for children who tend to misbehave and present difficulty for their parents in terms of discipline, but the time spent in isolation should be carefully considered, and only to a certain extent. Neglect, isolation or threat cannot cross a humane level and when inflicted on prolonged basis, has a harmful impact. Care providers and counselors need to work to release the abuse victim from the pressure that has been placed upon them by the abuser. If there is no 'shadow' of the abuser is in the child's psyche, he or she can grow and develop healthily, and without issue. If the child is not set free from this pressure, a feeling of hopelessness will develop as he grows.

CONCLUSION

Child abuse can occur for multiple reasons, ranging from the economic condition of families and history of child abuse toward the parents, to the relationship between parents and their children. The focus of this paper has been on the hopelessness caused by experiences of child abuse and the factors that contribute toward the intensity of such psychological conditions. The current research has contradicted many conventional beliefs that have been supported by past research, such as the belief that the marital status of the victim, or their education level has no impact on hopelessness. There are many factors that determine the kind of solutions needed – the number of children in a population who are

abused or are at risk; the social and economic conditions of the families and their technological advancement; prevailing ideologies concerning the children and the other members of their families; political pressure from different groups; and the principal views about reasons behind poverty, illness and crime. Satisfaction of parents, their competence, and the autonomy provided to their children are certain aspects which are to be accessible to the doctor or agencies. Satisfaction of the parents with their child are to be determined as well and if there is any dissatisfaction, the reasons might be probed and explained to them. It is important for parents to understand their children's limitations and work on them in a healthy manner instead of losing patience and resorting to abuse.

The child also needs to be educated to communicate with their parents in a balanced manner without resorting to aggression or rebellion. Girls require the most counseling to help instill courage and give them the confidence to reveal their sexual abusers. Unless the victim reveals the abuser's name, no agency or law can help her. This can also be the case with boys. In both cases, victims are required to come to the forefront and cooperate with the researcher and clinicians, to help them design an intervention program.

The main limitation of this research, is that it was constrained within Assiut governorate, during the period April- May 2015, including 1751 individuals, 25 villages and cities. As per the map in appendix 1, spatial analysis revealed that a part from Assuit, Marqaz Al Quesiya and Marqaz El Badary also have the highest concentrations of children (See figure 2). Hence, the generalization of findings is based on this constraint of location (i.e. Assuit). Future research can explore further demonstrations of negative feelings and relate to specific kinds of abuse such as physical, sexual and psychological. The limitation of the study refers to the fact that only four dimensions were adopted for the construct. Additionally, only

hopelessness was considered as a construct and no categorical analysis of the other kinds of abuse has been considered. For instance, the study finds that female children suffer from greater hopelessness, but it could be that among the cases considered, there were more cases of sexual abuse than any other form and hence by default, female children would be more affected.

There are many practical or policy implications for this paper. The prevention of child abuse requires a holistic approach so that the social environment at all levels is positively influenced. The use of effective preventive strategies to modify individual practices and behavior as well as societal norms to create secure and stable family environments, include:

1. Enhancing family support with financial assistance and appropriate work, particularly for low-income families having little education.
2. Using home visits to improve parenting skills and family relations so parents can provide a healthy environment for their children's growth.
3. Improving the quality of child care and early education to enrich the pre-school experience.
4. Supporting parent campaigns with public and legislative approaches to limit corporal punishment.
5. Developing accepted and consistent concepts for use in the research of, study of and law related to child abuse.
6. Reducing harm and future risks by providing:
   - Behavioral training programs for parents.
   - Extension programs and behavioral therapy in schools, such as counseling and treatment programs by social workers.
   - Early treatment of abused and neglected children, including programs designed to prevent a repeat behavior.

Because GIS spatial analysis techniques have not been used very much to date, many possible avenues exist for using it in future research for such issues as:

1. the causes of child abuse.
2. any trends towards the asymmetric ill-treatment of children.
3. the relationships between ill-treatment and later complications.
4. the quality of health and development programs for children.

There are certain limitations to this paper's research. As it is centered on just one governorate in Egypt, Assiut, its general conclusions may not be fully transferrable to other regions and cultures. However, that caveat does not detract from the fact that the study highlights a key issue for victims of child abuse: that getting help depends, to a large extent, upon gender, location of available child psychological services, and whether the family lives in a village or city. For the sake of the affected persons as well as society at large, policy-makers do need to work at resolving this issue.

FINDINGDS

To summarize, this paper found that:

- abuse was just as likely to occur in urban as rural areas, and to either gender.
- an abused child was more likely to report abuse when isolated and socially alienated, regardless of gender or place of residence.
- abused male children were less likely to disclose their abuse than abused female children, a difference that increased in urban areas.
- interventions such as neighborhood improvements, psychotherapy and parent training will help reduce the incidence of abuse, as well as enable abused children to develop much needed resilience.
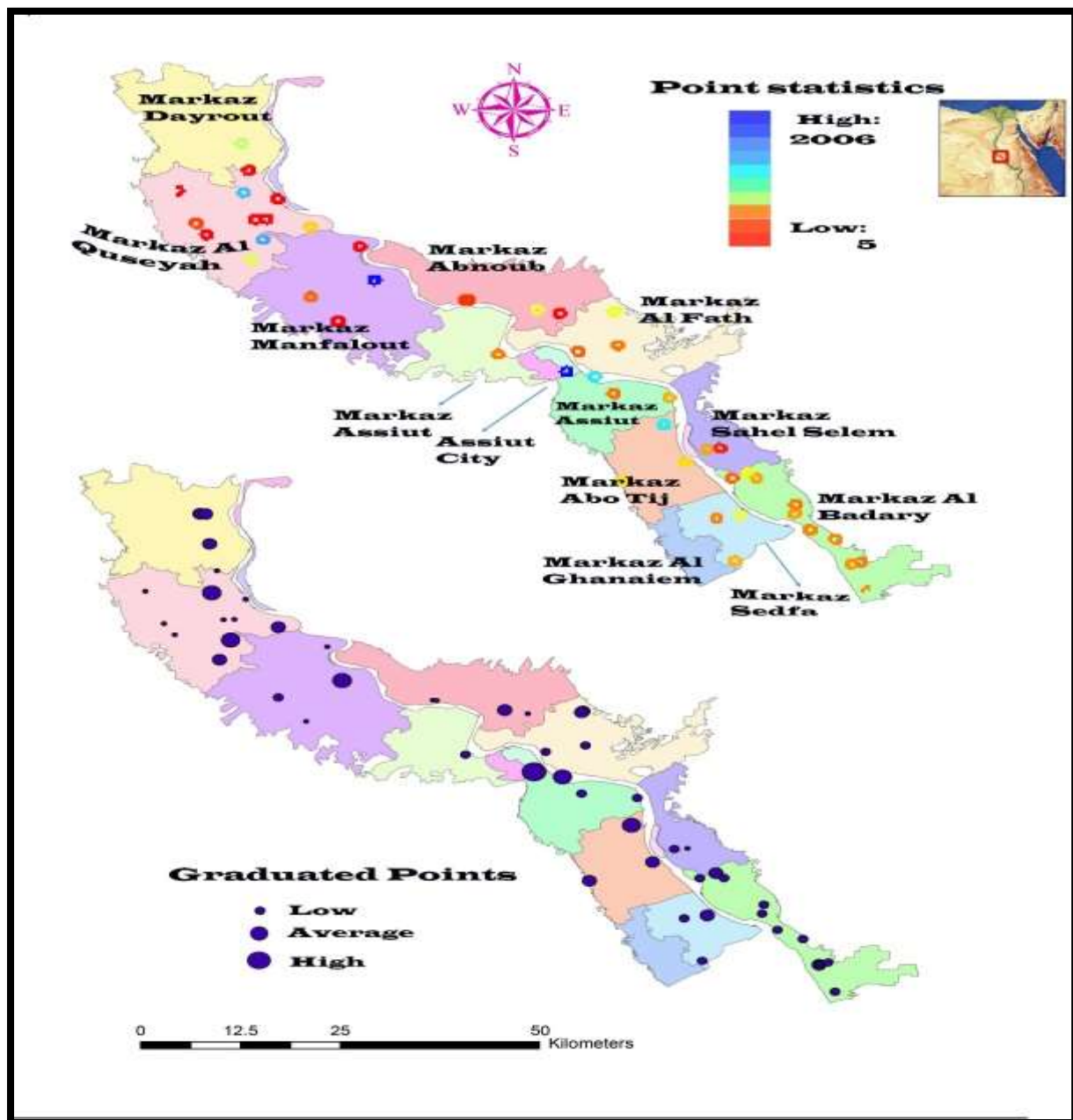
Figure 2. A Spatial Analysis (Graduated and statistical Points) for Children with Hopelessness.

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cite as : The Demographic and Psychological Dimensions of Hopelessness: A Study into the Long-Term Effects of Childhood Abuse;Vol.3|Issue 10|Pg:3035-3049

2016

Appendices

Appendix 1: Standardized Residual Covariances (Group number 1 - Default model)

Variables	Estimate	S.E.	C.R.
e5	.131	.004	29.563
e6	1.277	.043	29.563
e8	.880	.030	29.563
e9	4.130	.140	29.563
e10	1.910	.065	29.563
e11	2.592	.088	29.563
e7	.240	.008	29.563
e4	.019	.005	3.511
e1	.228	.009	25.047
e2	.162	.007	21.786
e3	.159	.010	16.584

Appendix 2: Interaction between gender and place of residence for Hopelessness Variables.

	Gender	Residence	Mean	Std. Deviation	N
Abusive pressure	Male*	VILLAGE	1.7511	.43262	916
		CITY	1.7811	.41384	562
	Female*	VILLAGE	1.6985	.46059	136
		CITY	1.7111	.45493	135
	Total	VILLAGE	1.7443	.43646	1052
		CITY	1.7676	.42268	697
No help	Male	VILLAGE	1.5480	.49796	916
		CITY	1.5214	.49999	562
	Female	VILLAGE	1.5368	.50049	136
		CITY	1.5333	.50075	135
	Total	VILLAGE	1.5466	.49806	1052
		CITY	1.5237	.49980	697
Abused Isolation	Male	VILLAGE	1.7445	.43636	916
		CITY	1.7384	.43988	562
	Female	VILLAGE	1.6765	.46955	136
		CITY	1.5778	.49575	135
	Total	VILLAGE	1.7357	.44115	1052
		CITY	1.7073	.45532	697
Abused disclosure	Male	VILLAGE	1.4694	.49934	916
		CITY	1.4644	.49918	562
	Female	VILLAGE	1.4853	.50163	136
		CITY	1.4889	.50174	135
	Total	VILLAGE	1.4715	.49942	1052
		CITY	1.4692	.49941	697