

**KNOWLEDGE AND ATTITUDES OF CHILD ABUSE AND NEGLECT
AMONG BAHRAINI PRIMARY SCHOOL TEACHERS**

By

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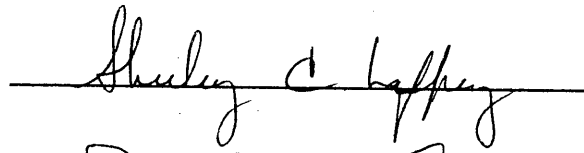
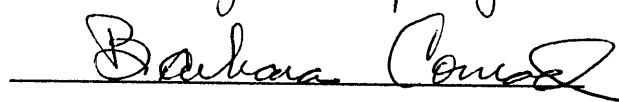
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APPROVED BY

SUPERVISING COMMITTEE:

To My grandmother NOORA
with love

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KNOWLEDGE AND ATTITUDES OF CHILD ABUSE AND NEGLECT AMONG BAHRAINI PRIMARY SCHOOL TEACHERS

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The purpose to this study was to examine how teachers view child abuse and neglect, its related factors, and how they perceive their role and obligations in dealing with an abused child. A questionnaire originally developed by Pelcovitz (1977) which measures teachers' knowledge and attitudes toward child abuse and neglect was sent to 200 randomly selected Bahraini primary school teachers. Eighty-eight percent of the school teachers (N= 177) returned the questionnaire. Content analysis was used to analyze the Bahraini primary school teachers' definitions of child abuse and neglect. Quantitative data obtained from the school teachers assessed their knowledge and attitudes about child abuse and neglect, relating to abuse factors, cues of child abuse, and attitudes and responsibilities toward reporting child abuse and neglect.

Based on the qualitative and the quantitative findings of this study, the following major conclusions were as follows: (1) A majority of the school teachers had not suspected any child abuse and neglect among the children in their class room. (2) Among those who suspected abuse and neglect, the majority didn't report it. (3) There are not enough training courses offered to school teachers on child abuse and neglect. (4) Bahraini school teachers used various definitions of child abuse and neglect; mostly these definitions indicated physical abuse. In addition, the teachers used other definitions of child abuse and neglect which incorporated religious practices and rules. (5) Bahraini school teachers lack knowledge about the factors related to child abuse and neglect. (6) Bahraini school teachers were able to identify some of the possible cues to child abuse and neglect. Many of the cues were attributed to cultural beliefs about the role of children rather than parental behavior. (7) Bahraini school teachers lack knowledge of their legal responsibility to recognize and report child abuse and neglect.

TABLES OF CONTENTS

	Page
LIST OF TABLES	xii
CHAPTER	
I. INTRODUCTION	1
Purpose of the study	4
Background and Significance of the study	5
Problem Statement	9
Research Questions	11
Definition of terms	11
Assumptions	13
Limitations	13
II. REVIEW OF THE LITERATURE	15
Introduction	15
History of Child Abuse and Neglect	15
The Role of Schools in Prevention and Intervention of Child Abuse and Neglect	19
Child's Rights	21
Definitions of Child Abuse and Neglect	26
Factors Related to Child Abuse and Neglect	28
Signs of Child Abuse and Neglect	31
Responsibilities of Reporting	34
III. METHODOLOGY	40
Research Design	40
Sample Selection	40
Instrument	41
Instrument Reliability	42
Pilot Study	43
Procedures	44
Protection of Subjects	45
Data Analysis Procedures	46

CHAPTER	Page
IV. PRESENTATION AND DISCUSSION OF THE FINDINGS	49
Introduction	49
Demographic Characteristics of the Subjects	49
Description of the subjects experience with child abuse and neglect	53
Preliminary Analysis	58
Analysis of Research Questions	60
Qualitative Analysis	60
Quantitative Analysis	65
Discussion of findings	77
Demographic Characteristics	77
Definition of Child Abuse and Neglect	80
Discussion of Qualitative Findings	80
Discussion of Quantitative Findings	81
V. SUMMARY, CONCLUSION, METHODOLOGICAL ISSUES, IMPLICATIONS AND RECOMMENDATIONS	89
Summary of the Study	89
Conclusions	91
Methodological Issues	92
Recommendations and Implications	93
Nursing Implications	95

APPENDICES	97
Appendix A: Categories of Child Abuse and Neglect ...	97
Appendix B: Instruments	101
Appendix C: Permission letters for the data collection	128
Appendix D: Permission letter for using the instrument	133
Appendix E: Introductory letter	135
Appendix F: Permission for contacting school teachers	138
Appendix G: Human Subjects Approval Documents ..	140
Appendix H: Information letter	142
Appendix I: Statistical Tabulation for each section of the questionnaire	147
REFERENCES	157
VITA	169

LIST OF TABLES

TABLE	PAGE
4.1 - Demographic Characteristics of the sample	51
4.2 - Summary of the subjects experience with child abuse and neglect	55
4.3 - Summary of descriptive data of study instruments	59
4.4 - Child Abuse and Neglect Categories	61
4.5 - Definitions of Child Abuse	66
4.6 - Factors Related to Child Abuse	69
4.7 - Cues to Child Abuse	71
4.8 - Attitudes and Responsibilities of Reporting Child Abuse	74

CHAPTER I

INTRODUCTION

Child abuse and neglect are two of the most serious problems in any society today. Daily we read and hear of children being abandoned, beaten, or molested and wonder where it will end (Fairorth, 1982). Child abuse and neglect are not new phenomena in any society.

Today there are two questions that arise: what can be done to reverse this upward trend in maltreatment and how can we protect our children (Tower, 1996). Child labor, abandonment, infanticide, along with deliberate physical abuse and neglect from parents existed in the 19th centuries (Fairorth, 1982). "Century after century of battered children grew up and in turn battered their own children" (Fairorth, 1982, p.7).

Early in history children were seen as the property of their families. Parents had the right, not only to decide how to take care of their children, but to decide if their children were to live or die (Tower, 1996). "Parents were expected to raise religious, dedicated, morally sound, and industrious contributors to the community" (Tower, 1996, p.3).

For centuries child abuse and neglect have occurred not only in the home but in the classroom. Maltreatment was justified by the belief that

punishment was a way to mold children into moral, God-fearing, respectful human beings.

The consequences of abuse and neglect can be devastating. Learning and developmental disorders, cognitive deficits, mental retardation, developmental delays, and poor school performance occur more often in abused and neglected children (Coons, 1986).

Conservative estimates indicate that 2,000 infants and young children die from abuse or neglect by parents or caretakers each year, or five children die every day (U.S. Department of Health and Human Services, 1995). The short and long term effects of child abuse and neglect range from minor to major physical, psychological, and behavioral problems (Browne & Finkelhor, 1986; Faller, 1981; Finkelhor, 1990; Powell, 1991).

Child maltreatment can be difficult to recognize, especially if the victim is not able to talk about the abuse or identify the perpetrator. Although most cases of abuse and neglect involve relatives, some also involve workers at child care centers, doctors offices and even schools. Regardless of who the abuser is, teachers come in daily contact with children who may be abused and neglected, and may be the first to discover many of these cases of abuse and neglect (Firestone, 1987).

"Schools are potentially a major resource for helping abused children: for the most part, however, this potential has rarely been utilized". (Pelcovitz, 1977, p.1).

School teachers play an important role in detecting the signs of abuse and reporting them to the proper authorities. However, school teachers, as a group, often mishandle suspected child abuse and neglect because of failure to: (a) recognize the signs of abuse and neglect and (b) report suspected abuse to the proper authorities (Levin, 1983). One reason may be that school teachers are not knowledgeable about abuse and neglect, and may not be prepared to deal adequately with abused students (Einsel, 1992). Other possible reasons may be that school teachers are: (a) unaware of their legal reporting responsibility or of the appropriate legal process for reporting such cases, and (b) afraid of parents or school system (Erickson, McEvoy, & Colucci, 1979; Fraser, 1977; Volpe & Richard, 1984).

The general public has been found to support prevention services in schools. In a telephone survey, conducted at the request of the National Committee to Prevent Child Abuse, 83% of respondents strongly agreed that schools should offer safety instructions, and 84% strongly agreed that

schools should teach children how to ask for help if they are being physically abused (Schulman, Ronca & Bucuvalas, 1990).

School teachers play a pivotal role in child abuse prevention. According to Romano (1989), the role of school teachers is realized in a number of ways: (a) strong teacher student relationships provide an easy opportunity for teachers to offer guidance and support to the child in case of crisis, and (b) teachers may teach the children self protection skills.

Through increased information about how teachers define child abuse and neglect and how they view their role in identifying and reporting suspected child abuse, a clearer understanding of this problem may be reached. Based on this premise, planning and implementing child abuse prevention programs may help to eliminate or minimize this problem and its short and long term effects on children and on the society.

Purpose of the Study

The main purposes of this study were to examine (a) how teachers view child abuse and its related factors and (b) how they perceive their role and obligations in dealing with an abused child in Bahrain.

Background and Significance of the Study

The majority of child abuse and neglect occurs in household situations (Ginsberg, 1992). This trend explains why family members do not report cases of abuse and or neglect. In the United States, most reported cases of child abuse, involve a child who is between 6 and 12 years of age (Levin, 1983).

At this age the child's contacts with school teachers become part of his/her life. Moreover, the teacher's role, along with the home environment lays the ground for a stable childhood. One of the significant roles of school teachers is being able to recognize the abused and/or neglected child and to report such incidents to the appropriate authority.

Schools act as key institutions through which to channel child abuse identification, intervention, and prevention due to their direct, frequent, ongoing, and long term, contacts with children (Abrahams, Casey, & Daro, 1989; Cohn, 1983; Fairorth, 1982; Zellman, 1990).

In Bahrain, child abuse has gained some attention in the past few years. However, statistics on abuse are difficult to obtain because of confidentiality. Hospital admissions of victims of child abuse are not uncommon. Often, in Bahrain, child abuse is discovered when medical

attention is sought, such as when the child abuse reaches the stage of illness or death.

It is useful to examine the demographics and educational system of Bahrain, and the effect of modernization on Bahraini families before launching a discussion on the scope of child abuse and neglect as an existing problem in Bahraini society.

Bahrain is an Arab, Islamic country, consisting of a group of islands with a total area of approximately 695.26 square kilometers. It lies roughly halfway down the Arabian Gulf. To the west at a distance of approximately 24 km is the Kingdom of Saudi Arabia, which is linked to Bahrain by a causeway. To the south is the western coast of the Qatar Peninsula.

The state of Bahrain has a population of 51,9,400 (median projection for 1993). Youth in Bahrain (less than 18 years of age) forms the basic majority of the population and accounts for, 366,89 of the total population (Ministry of Health, 1993).

Regular education in Bahrain started in 1919 when the first school for boys was opened in Muharraq Town. Nearly ten years later, in 1928, the first school for girls was opened. In 1929, education was put under direct government control through the Ministry of Education. General education in Bahrain is divided into three stages: primary (6 years),

intermediate (3 years), and secondary (3 years). The legal age of admittance is six. Higher education is available for secondary graduates and can be obtained through Bahrain University, Arabian Gulf University, and Specialized Institutes.

The literacy rate in Bahrain is 82.6%. In Bahrain there are separate schools for boys and girls. In 1993, the total number of schools was 162 with a total of 6,444 school teachers. The total number of students in all the three stages of education was 104,205, including 58,126 students (66%) in the primary stage (6-12 years) (Central Statistics Organization, 1993).

In Bahrain, rapid modernization placed a considerable amount of stress on traditional societal roles which, in turn, led to an increase in the incidence of juvenile delinquency (Al-Falaiji, 1991). Most of the frequently reported offenses were assault, robbery, malicious damage, sexual offenses, and running away from home. Drug and alcohol abuse were among the other serious problems in Bahrain (Al-Falaiji, 1991).

Other studies indicated a significant relationship between delinquency and family conditions (Ismael, 1984). Buzaboon (1986), indicated that family problems, stressors, and depressing situations confronting families lead to lack of family warmth. Family problems lead

not only to marital breakdown, but also to parents' loss of affection and emotional avoidance of their children (Ameen, 1993). There is also an increased number of families with unrealistic expectations of their children unnecessary blaming, poor communication patterns, and a lack of trust and understanding (AL-Qaysi, 1986).

Even though, there are no statistics on child abuse and neglect in Bahrain, statistics on signs and symptoms that are indicative of child abuse and neglect are available. In 1989, the Ministry of Health, Bahrain, conducted a child health survey. The main objective of this survey was to evaluate ongoing maternal and child health programs. A sample of 3,714 households with a total of 3,668 children under five years of age participated in the study. The results relative to nutritional status of the children revealed that 10% were stunted, (short in relation to their age); 7% were malnourished (underweight for age); and less than 6% were wasted (below their desirable weight for height) (Yacoob, Khalfan, Nasseb, Hafadh, Matter, AL-Nasar, Radhi, & Farid, 1992).

The significance of this study lies in its potential to establish the foundation for future research and education. This study may document what teachers know about child abuse and what information they need to be able to recognize and report child abuse and neglect. Knowledge

research about the school teachers' need are in relation to recognizing and reporting child abuse and neglect. Moreover, training courses for school teachers on recognizing and reporting child abuse and neglect are very limited (Haussecker, 1994).

Teachers' knowledge and attitudes about child abuse and neglect have been explored in different international studies. However, no study was found that explored Bahraini school teachers' knowledge and attitudes about child abuse and neglect. Therefore, the problem identified for this study was: How do Bahraini school teachers define child abuse and neglect, are they aware of the associated child abuse and neglect factors and cues, and how do they perceive their responsibilities for identifying and reporting to child abuse and neglect?

Research Questions

The research questions investigated in this study were:

1. How do Bahraini primary school teachers' define and perceive child abuse/neglect?
2. What factors do Bahraini school teachers view as being related to child abuse/neglect?
3. Which cues are used by Bahraini school teachers to identify possible child abuse?
4. What is the teachers' perception of their responsibility to recognize and report child abuse/neglect?

Definition of Terms

Child: is conceptually defined as any person under the age of 18 years (Clark & Clark, 1989), and operationally defined as a primary school age child (6-12 years) in grades one through six.

Child abuse and neglect is defined by the Child Abuse Prevention and Treatment Act (PL 93-249, U.S. code, 1974) as: physical or mental injury, sexual abuse or exploitation, negligent treatment or maltreatment of a child under the age of 18 years, by a person who is responsible for the child's health or welfare. (p.5).

Child abuse is operationally defined as the exposing of a primary school age child (6 to 12 years) to physical or mental injury, sexual abuse or exploitation, negligent treatment or maltreatment. The child manifests these abuses through physical signs or behavioral changes. Teachers' definitions of child abuse were measured by section one and two of the Pelcovitz (1977) instrument.

Knowledge is conceptually defined as the "awareness of facts, truths, or principles" (Webster, 1981). Operationally, knowledge is defined as the awareness of child abuse, its definition, related factors, cues, and reporting responsibility. Knowledge was measured by the sum of the scores of sections two, three, four and five of the Pelcovitz (1977) instrument.

Perception is conceptually defined as the process by which information about the world, received by the senses, is analyzed and made meaningful (Oxford, 1989). Teachers' perceptions of child abuse were measured by the score on section two of the Pelcovitz (1977). School teachers' perceptions of their responsibility to recognize and report child abuse, was measured by the sum of the scores of section five of the Pelcovitz (1977) instrument.

School teacher is conceptually defined as a person who teaches in a school (Webster, 1981), and operationally defined as a government-employed primary school teacher (1 to 6 grade) in Bahrain.

Assumptions

In this research, there were two basic assumptions:

1. Subjects in this study were interested in clearly writing their answers to open-ended questions.
2. Subjects in this study were able to understand all the questions used to measure the variables of interest.

Limitations

The limitations of the research include:

1. The results represent the views of primary school teachers in Bahrain. Caution should be used in generalizing the findings beyond this group.
2. Social desirability may influence responses. Respondents may have extreme responses or react to the situations listed in the instrument due to personal experience of abuse or social interference, such as fear of parents or fear of the school principal, which could lead to bias in their responses.

3. Situational factors might interfere with the teachers' responses to the questionnaire such as time of the day and the setting in which they complete the questionnaire.

CHAPTER II

Review of The Literature

Introduction

The purpose of this chapter is to present findings from previous research on child abuse and neglect and teachers' responsibilities to recognize and report abused or neglected children. The chapter is divided into seven sections. Section one, outlines the history of child abuse and neglect. In section two, the role of schools in prevention and intervention of child abuse and neglect is presented. Child rights are discussed in section three. In section four, definitions of child abuse and neglect are presented. In section five related factors, to child abuse and neglect are discussed. Signs of child abuse and neglect are presented in section six and in section seven, teachers' responsibilities for reporting child abuse and neglect are outlined.

History of Child Abuse and Neglect

Prior to the Social Security Act of 1935, there was almost no acknowledgment in American public policy of the existence of child abuse perpetrated by parent figures or by persons responsible for a child's health and welfare. The Society for the Prevention of Cruelty to Children (SPCC) was the only organization devoted to mistreated children. It was formed in

1874 in response to appeals to help children which were made to the American Society for the Prevention of Cruelty to Animals (ASPCA). SPCC was established in 1866 on behalf of "Mary Ellen" who was being beaten daily by her step-mother. In 1875, this case was tried, and it is perhaps the most significant case in the history of child abuse in the United States (Dunn, 1990). In 1909, the White House Conference on Dependent Children was founded and was dedicated to family-centered treatment and welfare of children.

The Child Welfare League of America (CWLA), a product of Carl Christians 1915's paper proposing policies and standards for helping children, continues to exist today as one of the strongest advocates for children. The league increased societal awareness of the rights of children as well as the existence of child maltreatment. Public child welfare services staffed by social workers began to increase during the 1920s. Radiology was a diagnostic tool developed in the 1940s and at that time a number of pediatricians began to link various injuries of children seen in hospitals and emergency rooms with abuse.

In 1962, Kempe described child abuse as a syndrome in an article published by the Journal of the American Medical Association. Since that

time professional conferences, media attention and books and articles have proliferated on the subject of child abuse.

The National Center for the Prevention of Child Abuse and Neglect was established in 1972 with the aid from the University of Colorado Medical Center. The main purpose of this organization was to offer training for the interested professionals on how to recognize, report, and prevent child abuse and neglect. In 1980, the Adoption Assistance and Child Welfare Act was passed. The main purpose of this Act was to provide a shelter for children who never had a home and funding for the permanent placement of children. In 1988, the Family Support Act was established, to enforce child support orders. Family Preservation Services was started in 1993. The main focus of these services is to provide support services to families to resolve problems that threaten family integrity.

In this review of the history of the societal response legislation regarding child abuse and neglect in the U.S., it is note worthy that it has only been in the last 100 years that children have received the same rights as animals. Moreover, awareness of the child abuse and neglect as a problem among the public was initiated by various organizations and associations.

In Bahrain, child abuse has received little attention in recent years. Recently a committee was established by a group of physicians employed in the Ministry of Health, Bahrain to protect children from abuse and neglect. Several meetings were held to discuss the organization of the committee and to specify the role of each committee member. According to this committee, at risk children were to be followed by the physician and the community health nurse in the health center. Police women are notified when the abused child is in a life-threatening condition (Ministry of Health, Health Centers Directorate, Maternal and Child Health Services). There are limited specific laws or rules for reporting child abuse, and no child protective services are available in Bahrain.

In Bahraini schools, suspected child abuse is often reported by the school teacher to the social worker and to the principal of the school. Then, the principal or the social worker calls the parents and they solve the problem together.

In Bahrain, child abuse is not acknowledged as a problem. There are many barriers to cultural awareness and acknowledgment of the nature and scope of child abuse as a problem. These barriers have their origin in long-standing cultural beliefs, attitudes and practices. For example, in Bahraini culture, children are viewed as being the property of their parents

and parents are consequently entitled to discipline them by using physical force. Thus Bahraini culture has long viewed corporal punishment as a defensible method of discipline in child-rearing.

Currently, Bahraini school teachers are not educated or trained to understand child abuse and neglect, and there are few resources to deal the problem. Therefore, there is a great demand for school teachers who are able to recognize abused or neglected children in their classrooms and who know how to access the resources that are available.

The Role of Schools in Prevention and Intervention of Child Abuse and Neglect

Schools systems are increasingly involved in helping children to protect themselves. School teachers often have continuous contact with children. Therefore, teachers' recognition of abuse may be the only opportunity an abused or neglected child has for a healthy life, or in some cases, survival. Abused and neglected children usually show symptoms in the classroom. Therefore, school teachers play a pivotal role in identifying, reporting, intervening, and preventing child abuse and neglect. Abuse and neglect occur at homes within families. However, family members are unlikely to report (Haussecker, 1994). Children spend eight hours a day, at least, for the first 12 years of their lives in school. Therefore, it is vital

that school teachers are in a strong position for recognizing and reporting abused or neglected cases (Haussecker, 1994).

The school board should outline policy and standards regarding child abuse and neglect. Policy should include the school teachers' responsibilities and legal roles in suspected abuse or neglect cases (Bensel & Berdie, 1976). "The school teachers are in an advantageous position to detect abuse, note repeated abuse, and learn of the child's family background. Once in school, a child's appearance and behavior are observed regularly by a number of people" (Fairorth, 1982, p.53).

Schools offer the best settings in identifying and reporting abused or neglected children. A strong teacher-student relationship provides an opportunity for teachers to offer guidance and support to children in crisis (Abrahams, Casey, & Daro, 1992). School teacher could do much in coordination with the child abuse and neglect team to minimize the problem.

With increased community awareness of child abuse and neglect, it is believed that school teachers can assume a greater role in minimizing or eliminating this problem. Early recognition and reporting abused or neglected child are the key factors to limit the scope of such serious problem (Fead, 1985).

Child's Rights

Children's rights are defined by the "virtue of what their parents do or do not do for them" (Tower, 1996). Parents are the decision makers for the child's life not the child. The question that comes to mind is: what are the child's rights?

In 1989, the United Nations formulated the Declaration of Child's Rights. The ten principles listed below entitled the child to have:

1. The enjoyment of the rights mentioned, without any exception whatsoever, regardless of race, color, sex, religion, or nationality.
2. Special protection, opportunities, and facilities to enable them to develop in a health and normal manner, in freedom and dignity.
3. A name and nationality.
4. Social security; including adequate nutrition, housing, recreation, and medical services.
5. Special treatment, education, and care if handicapped.
6. Love and understanding and an atmosphere of affection and security in the child and under the responsibility of their parents whenever possible.
7. Free education and recreation and equal opportunity to develop their individual abilities.

8. Prompt protection and relief in times of disaster.
9. Protection against all forms of neglect, cruelty, and exploitation.
10. Protection from any form of racial, religious, or other discrimination, and an upbringing in a spirit of peace and universal brotherhood.

The rights of the Bahraini child are clearly emphasized in Quran (the Muslim's holy book) and in the Sunna (the words of prophet Mohammed). Bahraini children are raised in an Arabic, Islamic environment. The family unit is considered the most important system in Arab culture. Arab families are characterized by strong bonds, interdependence, and mutual support among family members (Haj-Yahia & Shor, 1995).

According to prophet Mohammed, the new born is given his/her name on the seventh day, after his/her birth. It is the child's right to be given a name that is well accepted by the society. As part of respect for the child, on the seventh day of the newborn's head is shaved, the hair is weighed, and the amount of money that the hair worth's based on gold weight is distributed to poor families.

A muslim is expected to say his regular daily prayers at the age of seven. Parents are obligated to teach heir children how to pray. Parents should discipline them when they refuse to perform their prayers. The

main principles of discipline in Islam is that parents should not inflict any physical or emotional harm on the child.

Disciplinary rules in every family are based on its hierarchical nature, which is divided according to gender and age (Haj-Yahia & Shor, 1995). Usually in Arab culture, the status of boys is higher than that of girls. Generally, Arab families emphasize the need for children to respect their older family members and violating these rules could provide a justification for punishment.

Islam prohibited infanticide. Quran disagrees with discrimination and admonished parents to receive their infants, boy or girl, with a pleasant attitude.

Adoption is illegal in Islam, even if the biological parents are unknown. Quran states that the adopted child is not the real offspring of the adapter. The child must be related to his/her true procreators (Ali, 1979). Whether a parent is present or absent, alive or deceased, known or unknown, the child should be provided with optimum care. Executors, relatives, close friends are to be held responsible for the child's welfare. It is the responsibility of the Muslim community to take care of the children who have no next of kin.

Islam specifically addressed the child's right to be breast fed. The Holy Quran states that "the mother shall give breast feeding for whole two years" (Ali, 1979). Quran emphasizes the child's needs for adequate nutrition, housing, recreation, medical care, education, love and safe atmosphere.

In 1982, the convention to the Rights of the Arab Child was approved by the Arab League's Council of Arab Ministers of Social Affairs. The theme of this convention was that "today's children are tomorrow's men and women and makers of the Nation's future glory". The convention covered three major areas: 1) principles, which emphasized the family role on the child's rights on social security, family life stability, free education, and social, and health care; 2) objectives, the ultimate goal has been defined by the convention as creating a health generation capable of developing the full physical, spiritual, mental and emotional potential; 3) requirements, is a full mobilization of all available national resources and employing the means that have proved successful and useful in the past, particularly in the Arab World.

From the legal standpoint, the child enjoyment rights in the Arab word, comes in lines with the International Declaration of the Rights of the child. However, Arab laws and statutes are still not sufficient for meeting

the basic needs of all children (Mufi, 1990). Arab societies still lack of any services for detection, and intervention of abused and neglected children (Haj-Yahia & Shor, 1995).

In Bahrain, the community follow these convention rules of the Arab's Ministers of Social Affairs. In accordance with the convention, and Quran rules Bahraini laws are unanimous in giving women two months maternity leave and one hour a day time off to breast feed their babies for two years.

The fixed age of juvenile employment in Bahrain is 14 years. The employment is governed by law to protect these employed juveniles during employment.

In Bahrain, the social security law states rules and policies towards child safety, protection and care. In addition, Bahrain issued laws and regulations to help the poor families, illegitimate, destitute children and children of broken homes through custodianship, sponsorship, adopting families (without giving the adopted child the name of the adopting family), and charity care institutions.

In Bahrain, there is no separate, specific family code book. However, there are some parent penalty codes written in the general

public penalty codes. These codes are applicable to parents who fail to provide care for their children, thus causing harm or death.

Definitions of Child Abuse and Neglect

There is a wide variety of child abuse definitions, ranging from an occurrence where a caretaker injures a child, not by accident, but in anger or deliberately, to failure to thrive, to child theft, abandonment, or emotional mistreatment (Gelles, 1975). Marzek (1980) stated that medical and legal definitions of child abuse and neglect are too restrictive and specific, and often depend on physical indications, which is not necessary to be present.

Child abuse can be limited to a clinical condition, typically broken bones or physical trauma, which can be detected by X-ray (Kempe, 1962). Child abuse can also include a wide range of conditions such as improper clothing, feeding, or caring for a child (Tower, 1984).

In an effort to minimize ambiguity in defining physical abuse of children, Gil (1970) believed that physical abuse of children should be based on the behavior of the perpetrators rather than on the results of such behavior in the children. Gil (1970, p. 5) gives the example of a father, angry at the misbehavior of his two sons, attacks them violently and throws one of them on a concrete floor and the other on a carpeted section

of the same floor. The father's acts, and apparently also his motivation, were identical with regard to both boys, yet the consequences of the acts was serious physical injury to only one of the children. Gil (1970) states:

"Physical abuse of children is the intentional, nonaccidental use of physical force, or intentional, nonaccidental acts of omission, on the part of a parent or other caretaker interacting with a child in his care, aimed at hurting, injuring, or destroying that child". (p. 6)

Tite, (1993) conducted a study on how teachers define and respond to child abuse. The study consists of all Ontario women teachers, 246 elementary teachers and 47 principals. The data collected in three phases; an exploratory interviews, a survey, and focused interviews. The findings demonstrated that teachers included a broad range of behaviors in their own theoretical definitions, but preferred informal interventions over formal reporting.

Peicovitz (1977) asked teachers to give a short definition of what they consider to be child abuse. The author found unanimous agreement among the teachers that use of physical force on a child constitutes abuse. He also found that teachers take a very pragmatic view when defining abuse. Their focus tends to be on the effects of various detrimental acts on children rather than the intent behind the act. Child Protective

Services in Texas (1994) provides definitions of child abuse and neglect (Appendix A)

In summary, this literature review indicates that "child abuse" and "child neglect" encompass a wide range of behaviors with multiple causes. These phenomena is defined, not in simplistic, one-dimensional terms, but as sets of symptoms that occur in conjunction with each other and that tend to characterize a situation (Fairorth, 1982).

Factors related to Child Abuse and Neglect

There are tremendous factors related to child abuse and neglect. Child maltreatment occurs as a result of multiple factors that affect the family member interaction and result in child abuse and neglect.

Factors related to child abuse and neglect categorized into four factors: (a) parent factors, most of the studies indicated that abusive parents have been physically , sexually, or emotionally abused or neglected as children. As a role reversal, these children will become as an abuser in a adult stage; (b) child factors, some children are more physically and emotionally prone to maltreating behavior than others such as the child's age, his physical, emotional, mental, and social development can precipitate maltreatment, (c) family factors, there are particular family life situations that increase the chance of maltreatment, such as family

relationships, marital conflicts, domestic violence, unemployment of parent, financial stress, psychological maladjustment's of parents, and social isolation; (d) environmental factors. It is clear that child abuse is a combination between the child, parent, and family factors.

The incidence rate of child abuse and neglect is higher in some cultures, societies, and communities than others, and what culture defined child abuse and neglect. Family stress could lead to child abuse and neglect. Racism, as a source of family stress, can contribute to child maltreatment. The incidence of child abuse and neglect is also higher among single parents (U.S. Department of Health and Human Services, 1992).

Ney, Fung, and Wickett (1992), examined the causes of child abuse and neglect from the perspective of 167 children from: (a) psychiatric units, (b) a Young Offenders Center, (c) a private psychiatric practice, and (d) a high school in Canada. Mistreatment was significantly related to family break up, as well as long term disinterest and lack of affection from the parents.

Factors related to all types of child abuse include age, the younger, the higher the risk; the presence of alcohol or drugs, or the presence of step parents (Haussecker, 1994). According to the Texas Department of

Human and Health Services (1995) it was found that children under the age of 15 are at seriously higher risk of abuse. In the 1993 annual survey on current trends of child abuse, 'it was found that of children who died from abuse, 85% were under the age of five, and 46% were under the age of one" (McCurdy & Daro, 1994, p.14).

Disabled children have a higher risk for abuse and neglect. Children living with step parents, or without either of their biological parents, are also at higher risk of being abused or neglected (Haussecker, 1994). Helge (1992) stated that low income is a highly risk factor associated with abuse.

Alcoholic parent's and substance abuse children with alcoholic parent's have a high risk to be abused or neglected. McGaha and Leoni (1995) conducted a study on 68 in carcerated juveniles, using alcohol chemically dependent questionnaire and family adaptability and cohesion evaluation scales. Children from substance abusing families reported more family violence, abuse, run away, than did other children from non substance abusing families.

In summary, there is an extensive body of literature presenting various factors on why child abuse occurs (Firestone, 1987). Some authors stress the psychological components, others emphasize social and

economic stress, social isolation, high mobility, and unemployment.

Others give special attention to the interplay of mental, physical and emotional stresses (Fairorth, 1982).

Signs of Child Abuse and Neglect

Research on the effect of child abuse and neglect indicate that the abused child may suffer neurological, intellectual, cognitive, behavioral, emotional, and/or personality consequences. In addition other researches indicate that child abuse and neglect effect vary with the child developmental level, intensity, and duration of abuse, and the home environment and the quality of community support.

Studies reported that abused or neglected child may be passive and withdrawn, or very active and aggressive. Other psychiatric symptoms may appear on the abused or neglected child .i.e. bed wetting, tantrums, hyperactivity, and bizarre behavior, low self esteem, school learning problems, social withdrawn, oppositional behavior, hypervigilance to adults cues, compulsivity, and pseudoadult behavior (U.S. Department of Health and Human Services, 1992).

Generally, the most obvious way to detect child abuse/neglect is by physical signs such as bruises in specific shapes (hand print or a glove-like burn). Other signs of abuse that are considered suspicious, include

frequent complaints of soreness, unexplained abdominal swelling, and extreme sensitivity to pain, severe fractures in different stages of healing, and injuries inconsistent with history (Tower, 1984).

The child who is physically neglected may be passive. The child is considered physically neglected when he or she is abandoned, lacks supervision, not fed properly, needs medical and dental care, frequently is late to school or absent, does not have appropriate or sufficient clothing, or lives in an unsafe home (Leavitt, 1983).

De Paul & Arruabarrena (1995), investigated the behavior problems in school aged physically abused, neglected, and comparison children in the Basque Country Spain. The sample consisted of 66 children divided into three groups; physically abused children (n=17), physically neglected children (n=24), and low risk comparison children who had not been reported for either physical abuse or physical neglect (n=25). Data on these children were collected from Teacher's Report Form of the Child Behavior Checklist.

Results of the above study showed that abused and neglected children were higher than the comparison group on Total Behavior Problems Scores. Neglected children had higher scores on the Aggressive Behavior Subscale than the comparison children, and abused

children had higher scores on the Withdrawn Subscale than the comparison children. In addition, the abused and neglected children showed a lower school adjustment than the comparison group.

Helge (1992) reported on her study that abused and neglected children often have depressed, low self esteem, juvenile delinquency, acting out behavior, and eating disorders in the classrooms. In addition, the researcher noted that children in pain cannot learn effectively and they are unable to fulfill their potential as a healthy children who can contribute in the classroom and in the society.

Reiniger, Robinson, and McHugh (1993) conducted a study of 2,500 professionals who are legally required to report suspicions of child abuse and neglect and who often do not do so. The study indicated that a substantial number of professionals were not aware of indicators of abuse. A surprising finding was that teachers were no more knowledgeable about indicators of abuse than were other professionals, although most abused children are of school age.

In summary, the school teachers' recognition of abused and neglected cases is an important step once they understand their legal responsibility to report suspected cases. There are number of criteria to assist in the detection of possible abuse. However, recognition of abuse is

often difficult because of the ambiguity of the signs and symptoms of abuse (Haase & Kempe, 1990).

Responsibilities of Reporting

Statutes in different states vary greatly in specifying who must report suspected child abuse and neglect. Mayers (1988) stated that of the 130 mandatory reporters specified in the 51 child abuse and neglect statutes, school teachers are the most frequently identified mandatory reporters. The school teachers have frequent and prolonged contact with children within the sphere of their own professional activities. Every state in the United States requires school teachers to report suspected "physical" injury to a child which would be classified as "nonaccidental" (Fairorth, 1992, p. 19).

Several studies have shown that various groups of professionals who deal with children have various levels of knowledge concerning the legal issues in dealing with child abuse (Einsel, 1992). Riggs and Evans (1970) investigated knowledge and beliefs about child abuse among 104 elementary educators. They found that: (a) teachers recognized the problem exists; (b) believe most teachers are not equipped to deal with child abuse, but most expect victims of abuse in their classroom; (c) lack

a clear understanding of referrals; and (d) feel the school counselor is the most appropriate school personnel to deal with the problem.

The following reasons were given by the school teachers concerning why they do not report suspected abuse cases: (a) Fear of having to deal with irritable or hostile parents. (b) Uncertainty about whether the situation involves abuse or neglect. (c) Not understanding or misunderstanding what will happen after the report is made. (d) Poor relationship and/or experience with Child Protective Services. (e) No assurance of support within the school system. (f) Fear of legal involvement. (g) Seeing the child as unruly and deserving the punishment (Bensel & Berdie, 1976).

Pelcovitz (1977), found that 50% of the sample of 135 elementary school teachers did not know their role required to report child abuse and neglect cases in the classroom. Of the total sample 75% did not know that there was a penalty for failure to report.

Levin (1983) collected data from a sample of 209 elementary school teachers and 76 junior high school teachers in an Iowa City School System. The study aimed at identifying teacher's responses towards reporting child abuse and neglect. Respondents strongly agreed with

statements of attitudes favorable to reporting child abuse but few teachers had reported a case of abuse.

Bavolek (1983) conducted a survey to explore the degree to which school personnel in Wisconsin were aware of their legal responsibilities to report suspected child abuse and neglect. A stratified random sample of 150 schools, 120 schools participated in the study, 1,637 school teachers completed the survey. Results of the study showed that only 31% of the suspected child abuse cases were actually reported. The major factors contributed to the lack of reporting among the school teacher include: (a) personal biases, and getting involved and feeling that a report would not make a difference (68%), (b) lack of knowledge of reporting laws (63%).

Hazzard & Rupp (1986) conducted a study that compare the child abuse related knowledge and attitudes of pediatricians, mental health professionals, teachers and college students. The results of this study indicated that mental health professionals were better informed than pediatricians, while teachers and college students were the least knowledgeable . Knowledge was related to the amount of professional education and experience with abuse cases. The majority of teachers were not familiar with the law defining their own responsibility and liability.

Firestone (1987) surveyed 103 school teachers using Pelcovitz's (1977) questionnaire. The majority of participants knew they were legally responsible to report suspected child abuse. Most would report to the principal, but not directly to the Child Protective Services Office.

Zellman (1990) presented a national survey of 178 mandated reporters about their reporting behavior. Most commonly chosen reason for non reporting child abuse and neglect cases was "not reportable" cluster (e.g. lacked sufficient evidence). A substantial number failed to report because of perceived problems with Child Protective Services.

Meyers (1990), surveyed 128 school psychologists using the questionnaire developed by Pelcovitz (1977). Psychologists showed an adequate awareness of their legal responsibility in dealing with abused and neglected children. The study indicated that psychologists were unaware of the importance of noticing signs and symptoms of abuse, such as school absenteeism, sexual activity, clinging, and early pregnancy.

Sponberg (1989) in his study compares elementary school teacher's perceptions of the severity of types of child maltreatment with the attitudes of social workers. Teachers and social workers from Washington and Los Angeles completed a severity rating instrument of 78 items, and in- depth telephone interviews. The results of the study showed that all two groups

rated cases of physical abuse and sexual abuse as severe, but teachers placed a higher severity rating than social workers on fostering delinquency and drugs and alcohol. Teachers indicated that they don't report suspected cases of abuse or neglect for fear of damage to professional reputation, legal liability, endangerment to the child, or lack of knowledge of the law. School teachers indicated that they need to have more information about the reporting process.

Einsel (1992), using Pelcovitz's (1977) questionnaire, investigated why teachers and counselors do not report suspected child abuse, even though there are mandatory reporting laws. The author found that the teachers in their first five years of teaching did not report abuse as often as teachers who have taught more than five years.

On a larger scale, the National Committee for Prevention of Child Abuse (NCPCA) conducted a nationwide survey of teachers knowledge, attitudes, and beliefs, about child abuse and neglect and its prevention (Abraham, Casey, & Daro, 1992). The sample consist of teachers from 40 school districts in 29 randomly selected counties. Five hundred and sixty eight teachers responded. The results of the survey revealed that school teachers were provided insufficient education on identifying, reporting, and preventing child abuse and neglect. Responses indicated that teachers

commonly reported an abuse case to other school personnel such as principal, social worker, or nurse. Two third of the teachers felt that the barrier to detect and report cases of suspected child abuse and neglect was the lack of sufficient knowledge. Other barriers to reporting include parent denial or disapproval of reports, respect for family privacy, and lack of community and school support.

The reviewed studies show that teachers are in a strategic position with regard to reporting child abuse cases. Adequate training to identify indicators of child abuse and neglect, and knowledge of the procedures for reporting their suspicions to the proper authorities may assist teachers to minimize the problems of child abuse and neglect or the consequences connected with child abuse (Broadhurst, 1979).

CHAPTER III

METHODOLOGY

This chapter describes the research methods used to accomplish the purpose and to answer the research questions of this study. It includes research design, sample selection, description of the instrument, results of the pilot study, data collection procedures, protection of subjects, and data analysis procedures.

Research Design

A cross-sectional, descriptive design was used in this study to determine Bahraini school teachers' knowledge and attitudes toward child abuse and neglect.

Sample Selection

The target population for the study consists of all primary school teachers in Bahrain. In order to have a representative sample, a two-tiered cluster sampling design was used. Of the 104 primary schools (3,227 teachers) in Bahrain, ten schools for female and ten schools for males were randomly selected. One hundred teachers then were randomly selected from the schools for males and one hundred teachers from the schools for females, for a total of 200 Bahraini primary school teachers. The sample of 200 teachers was double the sample size

needed because some teachers may be unwilling to participate. Because child abuse and neglect are sensitive issues, it was thought that participation might be low. The inclusion criteria specified that respondents were Bahraini school teachers, male school teachers teaching male students or female school teachers teaching female students, and had taught at the primary level (6-12 years) for three years or more.

Instrument

A questionnaire designed by Pelcovitz (1977) to measure teachers' knowledge and attitudes toward child abuse was used in this study (Appendix B). The questionnaire consists of six sections, five of which were administered in the study. The sixth section was not used because it refers to legal responsibilities unique to the United States and therefore is not culturally valid in Bahrain. All but section 3, which refers to physical injury or abuse, had been adapted by Pelcovitz (1977) from an earlier instrument by Gelles (1973). (1) Section one consisted of one open ended question requesting a brief definition of child abuse. (2) Section two consisted of 16 items on a Likert type scale ranging from 1 (strong disagreement) to 5 (strong agreement). The items measured teachers' level of agreement with a list of child abuse and neglect definitions. The

total score of section two could range from 16 to 80. (3) Section three contained 19 items to measure how strongly the teachers felt certain variables were related to physical child abuse. For purposes of interpretation it was necessary to ask the participants to view "abuse" in this section as physical child abuse only. Respondents were asked to rate each item on a 5-point Likert scale ranging from 1 (always unrelated) to 5 (always related). The total score for section three could range from 19 to 95. (4) Section four consisted of 18 items to measure respondents' perceptions of cues that are suggestive of child abuse. The items were as a 5-point Likert Scale ranging from 1 (never suggestive) to 5 (always suggestive). The total score for section four could range from 18-90. (5) Section five included 24 items to measure respondent's attitudes and opinion toward reporting child abuse. The 24 items were on a 5-point Likert scale, ranging from 1 (strongly disagree) to 5 (strongly agree). The total score for section five could range from 24-120.

Instrument Reliability

The alpha reliability coefficient for the five sections as reported by Pelcovitz (1977), ranged from .73 to .82. These reliability coefficients were based on use of the instrument with American participants. Alpha

reliability coefficients were also calculated with the sample of this study since the sample was Bahraini.

The time required to complete the 5-part questionnaire was 20-30 minutes. The sections of the questionnaire are arranged so items progress from general to more specific areas. This arrangement minimized the effects of knowledge and attitude change during the completion of the questionnaire.

Pilot Study

A pilot study was conducted with ten Bahraini school teachers who met the criteria for inclusion in the study. The purpose of the pilot study was to establish content validity, clarity, and comprehension of the instrument, to evaluate the proposed procedures for collecting the data, and to determine the time required to complete the questionnaire.

The teachers were asked to rate each item of the questionnaire for cultural appropriateness, "yes" indicates cultural appropriateness, and "no" indicated cultural inappropriateness. Respondents agreed that all the items were culturally appropriate, except for 2 items on section 5. These two items were deleted.

Procedures

Written permission to conduct the study was obtained from the Ministry of Health, Bahrain (Appendix C).

Permission to translate, modify and use the scale was obtained from the author (Appendix D). After the instrument was translated into classical Arabic and verified by translation back into English (Appendix B), An English-speaking person asked to examine the original and the back-translated English versions. The purpose of this double translation was to check translation accuracy prior to data collection. Based on the pilot study finding with Bahraini participants, the wording of the Arabic version of instrument was slightly modified to better reflect the culture of the target population.

The investigator sent an introductory letter to a randomly selected sample of school teachers that explained the purposes of the study (Appendix E). Those who did not wish to participate were asked to indicate so in a space provided in the introductory letter and to place it in a box provided in each school. One week later, after obtaining permission from the principal of each school (Appendix F), the investigator contacted all those who had not indicated disagreement to explain the study in detail.

This contact was made with the selected teachers in group within each school.

The study was explained to them in detail. Teachers who indicated their willingness to participate were given the questionnaire with an information sheet and an envelope. They were asked to complete the questionnaire and return it to the investigator in a sealed envelope.

Each subject was assigned a code number. A list linking subjects' code numbers to their names and the name of their school was maintained by the investigator until the conclusion of the study and then destroyed. The list was kept in a locked file during the study.

Protection of Subjects

Approval for the study was obtained from the IRB of the University of Texas at Austin (Appendix G). Participation in the study was voluntary. A cover letter attached to the questionnaire explained the purpose of the study in detail (Appendix H). It emphasized that the respondents would not be identifiable to the Ministry of Education and that any reports based on the study would not identify individual characteristics of the respondents. No major risks were anticipated for participation in this study. Expected risks included inconvenience and time required to complete the questionnaire. Teachers could choose to not answer any

questions. To minimize inconvenience, the questionnaire was brief and the subjects could choose to complete the questionnaire at a convenient time and place. The data obtained would not expose the subject to any psychological, social, or legal risks.

Data Analysis Procedures

The data obtained from the questionnaires were analyzed using SPSS for windows (1993). Descriptive statistics (ranges, means, and standard deviations) were used to describe demographic characteristics of the sample, such as gender, years of teaching experience, education level, and the major variables of the study.

Analysis of sections 2 through 5 of the questionnaire was based on the mean scores of each item. The midpoint of 2.5 indicates a neutral response to the item. Responses above the midpoint indicate agreement, and responses below the midpoint indicate disagreement with the item.

Analysis relative to the research questions included:

Research question 1. Content analysis was used to analyze the teachers' definitions of child abuse and perceptions of child abuse and neglect. The researcher grouped similar responses into categories that emerged from the data. A research assistant (a masters-prepared Bahraini nurse) was asked to categorize the responses on a subset of five questionnaires into

the categories developed by the researcher. Interrater agreement was above 90%.

The teachers' responses to the situations in section 2 of the questionnaire (their definitions and perceptions of child abuse and neglect) were analyzed with ranges, means, and standard deviations. The higher the rating of an item, the greater the agreement with the definition of child abuse and neglect in that item.

Research question 2. The teachers responses to the 19 situations in section 3 of the questionnaire (factors related to child abuse and neglect) were analyzed with ranges, means, and standard deviations. The higher the rating of each item, the greater the teachers' agreement that the item was related to child abuse and neglect.

Research question 3. Ranges, means, and standard deviations for the 18 items on section 4 of the questionnaire were calculated. The higher the rating of each item, the greater the agreement that the item was a cue that could be used to identify child abuse and neglect.

Research question 4. The teachers' responses to the 24 situations in section 5 of the questionnaire (their perception of their responsibility to recognize and report child abuse and neglect) were analyzed with ranges,

means, and standard deviations. The higher the rating of each item, the greater the teachers' agreement with the item.

means, and standard deviations. The higher the rating of each item, the greater the teachers' agreement with the item.

CHAPTER IV

Presentation and Discussion of the findings

Introduction

This chapter presents the results of the study. It includes four sections. The first section describes the demographic characteristics of the sample and their experience with child abuse and neglect. The second section presents the preliminary analysis of data in relation to the reliability of the instrument. The third section focuses on the findings. The fourth section presents the discussion.

Demographic Characteristics of the Subjects

This study was conducted in 20 randomly selected schools in the State of Bahrain. A response rate of 88.5 percent was achieved, yielding a sample of 177 teachers. Table 4.1 illustrates the demographic characteristics of the respondents. Female subjects ($n = 93$) were slightly more numerous than males in this study ($n = 84$).

Subjects ranged in age from 20 years to more than 50 years. The largest age group (23.2%) was aged 25 to 29 years. Three of the subjects did not report their marital status. Of the 174 subjects, two (1.1%) were divorced, two (1.1%) were widowed, eighteen (10.3%) were single, and 152 (87.3%) were married.

Most of the teachers in the sample are also parents (88.5%). Thirty teachers (11.5%) were without children.

Years of teaching experience ranged from 3 to 40 years with 32.8% reported 5 years or less. The mean number of years of teaching experience was 14 years. The mean number of years the subjects have been teaching in their current school was 7 years; however 52.5% stated they had been teaching in the current school for five years or less.

Teachers had taught at their current grade level for an average of 8.5 years. Almost two thirds of the teachers had earned a bachelor's degree (n = 111; 62.7%), one participant had completed a Master's degree and one had completed a Doctorate. Two of the teachers were prepared at the intermediate level, sixteen at the secondary level, and forty-four held diplomas.

Table 4.1
Demographic Characteristics of the sample (N=177)

Characteristics	n	Percent
Gender		
Male	84	47.5%
Female	93	52.5%
Age		
20-24	13	7.3
25-29	41	23.2
30-34	22	12.4
35-39	34	19.2
40-44	32	18.2
45-49	25	14.1
50 and above	10	5.6
Marital status		
Married	152	87.3
Divorced	2	1.1
Single	18	10.3
Widowed	2	1.1
Number of children		
0-5	156	88.1
6-10	21	11.9
Years of experience		
0-5	58	32.8
6-10	17	9.6
11-15	14	7.9
16-20	41	23.2
21-25	19	10.7
26-30	19	10.7
31-35	6	3.4
36-40	3	1.7

Table 4.1

Demographic Characteristics of the sample (N=177) (cont'd)

Characteristics	n	Percent
Years of teaching experience in the current school		
0-5	93	52.5
6-10	42	23.8
11-15	12	6.8
16-20	15	8.5
21-25	10	5.7
26-30	2	1.1
31-35	2	1.1
36-40	1	.59
Years of teaching the same grade /subject		
0-5	92	52.3
6-10	33	18.8
11-15	13	7.4
16-20	22	12.5
21-25	9	5.1
26-30	5	2.8
31-35	1	.57
36-40	1	.57
Level of Education		
Intermediate	2	1.1
Secondary	16	9.0
Diploma	44	24.9
Bachelor's	111	62.7
Masters	1	.6
Doctorate	1	.6
Educational Specialist	1	.6

Description of the subjects

experience with child abuse and neglect

The majority of the school teachers (61%) had never suspected that any child in their class was a victim of abuse or neglect. The majority of the teachers (86%) had never reported a case of suspected child abuse, whereas 24 (14%) had made a report. Of those who had reported a suspected case of child abuse or neglect, most often (42%) parents were informed of the suspected abuse by the school principal and the parents promised to take care of their children. Another 21% indicated that nothing was done about the report and 37% of the respondents did not know the outcome of the report. Of the school teachers who had never made a child abuse report, the majority (36.6%) had no suspicion of child abuse or neglect in their class. Thirty-two teachers (20.9 %) suspected that a child may have been abused but they believed that if they did report it, nothing would be done. Twenty seven percent of the teachers specified other reasons for not reporting suspected abuse: (a) fear of reprisal against the child, (b) lack of sufficient knowledge on how to detect and report cases of child abuse and neglect, (c) fear of reprisal against school personnel, (d) interference in family privacy, (e) lack of community support, (f) viewing the injury as accidental, (g) fear of having to deal with hostile parents,

(h) believing that the child's punishment is legitimate parental discipline, (I) feeling a lack of support from the school in making such a report, and (j) lack of training in child abuse detection.

Forty-nine teachers (27.7%) indicated they had taken a course on child care. Among these, 36.7 percent ($n = 18$) had taken the course within the past five years. One teacher stated he/she had taken the course 37 years ago. Twenty-eight (15.8%) reported a previous course on children's rights and 46.4% of these teachers had taken the course within the past five years. Thirty one teachers (17.5%) reported having taken a course on child abuse and neglect and sixteen of these took the course within the past five years. One of the teachers had this course 34 years ago. A summary of the above results is presented in table 4.2.

Table 4.2
Summary of the subjects experience with child abuse and neglect

Description of the subjects experience	n	%
<u>Suspected Abuse</u>	(n=177)	
Yes	69	39
No	108	61
<u>Reported suspected abuse</u>	(n=177)	
Yes	24	14
No	153	86
<u>Results of reported suspected abuse</u>	(N=24)	
Nothing	5	21
Parents were informed	10	42
Don't Know	9	37
<u>Reasons for not reporting child abuse</u>	(N=153)	
Unaware of legal responsibility	11	7.2
Unaware of reporting	11	7.2
Uncertain about the positive results of the report	32	20.9
Afraid of parents	2	1.3
Unaware of suspected abuse cases in class	56	36.6
Others	41	26.8

Table 4.2
Summary of the subjects experience with child abuse and neglect (cont'd)

Description of the subjects experience	n	%
<u>child care course</u>	(N=177)	
Yes	49	27.7
No	128	72.3
<u>Years since have had the above course</u>	(N=49)	
1-5	18	36.7
6-10	17	34.7
11-15	2	4.1
16-20	5	10.2
21-25	4	8.2
26-30	0	0
31-35	2	4.1
36-40	1	2
<u>child rights course</u>	(N=177)	
Yes	28	15.8
No	149	84.2
<u>Number of years since have had the above course</u>	(N=28)	
1-5	13	46.4
6-10	3	10.7
11-15	4	14.3
16-20	6	21.4
21-25	1	3.6
26-30	0	0
31-35	1	3.6

Table 4.2
Summary of the subjects' experience with child abuse and neglect (cont'd)

Description of the subjects experience	n	%
<u>Child abuse and neglect course</u>	(N=177)	
Yes	31	17.5
No	146	82.5
<u>Number of years since have had the above course</u>	(N=31)	
1-5	16	51.6
6-10	7	22.6
11-15	2	6.5
16-20	4	12.9
21-25	1	3.2
26-30	0	0
31-35	1	3.2

Preliminary Analysis

This section is presented in two parts: (A) description of the instrument, (B) reliability of the instrument.

A. Description of the instrument

This section provides descriptive data about teachers' definitions of child abuse, related factors, cues which might alert the teacher to potential child abuse, and their perceived responsibilities in dealing with child abuse.

Descriptive data for subscales of the instruments presented in table 4.3. Details of the responses for each item in the instrument are presented in Appendix I.

B. Reliability of the instrument

The adapted form of the instrument was tested for reliability in the present study with the Bahraini teachers. Alpha reliability coefficients for Sections two through five ranged from .69 (section 5) to .93. Item number eight in section 5 was dropped because it correlated at .0136 with the total section score. The alpha reliability coefficient increased to .70 as a result of deleting this item.

Table 4.3

Summary of descriptive data of Pelcovitz's instruments

Subscales	Range	Mean	S.D
Definition			
Section 2 (16 items)	16-80	47.38	16.01
Relating Factors			
Section 3 (19 Items)	19-95	50.16	11.92
Cues			
Section 4 (18 Items)	18-90	46.10	11.62
Reporting Responsibilities			
Section 5 (24 items)	24-120	65.66	8.81

Analysis of Research Questions

This section presents data analysis relative to the research questions. The data were analyzed with means, percentages, and content analysis.

Research question one: How do Bahraini primary school teachers define and perceive child abuse/neglect?

Research question one was addressed in two parts: (1) part one is the content analysis of responses to the open-ended question asking the teachers to give a brief definition of child abuse and neglect. (2) part two presents the quantitative data.

(1). Qualitative Analysis

Four hundred response items were obtained from the participants. The responses were translated into English. The translated responses were verified for clarity and accuracy of the translation by a bilingual graduate student. Responses sharing similar characteristics were grouped into categories that emerged from the data. To validate the categories, a graduate student was asked to independently assign 100 response items to the five categories that had emerged from the data. The agreement between the graduate student and the investigator on the categories was

91%. A summary of the child abuse and neglect categories is presented in table 4.4.

Table 4.4
Child Abuse and Neglect Categories

Category	No. of Responses
Physical Abuse	135
Emotional Abuse	100
Neglect	80
Religious neglect and disrespect	65
Sexual Abuse	20

The most frequently used terms to describe abuse were in the category of "physical abuse" (33.7%). Five different terms were used to describe physical abuse. It was evident that all teachers did not identify physical abuse in exactly the same way; however, the terms most frequently used to define physical abuse included beatings (50%), physical harm (20%), physical hurt (15%), physical punishment (10%), and physical maltreatment (5%).

Some examples of the responses in the "physical abuse" category are presented below:

Beating the child daily frequently, leading to physical harm

Pinching the child with fingers

Keeping the child tied in the sun for hours

Burning the child with a hot spoon or knife or with cigarettes

Beating the child in a dark room

Pulling the child extremities especially the arms

Hitting the child's head against hard objects or throwing the child

Putting hot spices in the mouth of the child

Forcing the child to work all day without food

Forcing the child to eat the animal food

Keeping children in the animal shelter to allow the animals to bite them

The second most frequently used terms to describe abuse were in the "emotional abuse" category (25%), and included shouting (25%), not listening to the child (30%), and verbal abuse (50%).

Examples of the responses in the "emotional abuse" category are:

Calling the child bad words, like calling him dog or donkey, bad boy, black

Shouting very aggressively to create a climate of fear and frighten the child

Neglecting the child's concern and questions, and not listening to them.

The third most frequently used terms to describe abuse were in the "neglect" category (20%). Neglect was described as inadequate clothing (78%), malnutrition (21.2%), lack of basic needs (11.2%), dirty (8.7%), unmet physical needs (6.2%), emotional neglect (7.5%), and no life direction (5%). Examples of the responses classified in the "neglect" category are presented below:

Parent's busy in their life and are not interested in the child's school performance

Keeping the child dirty

Not caring whether the child goes to school or not

Allowing the child to work at home, cleans cars

Allowing the child to wear tight or loose torn clothes

Child is very hungry

No proper food

Very dirty and smells too bad

Parents don't seem to care when Informed that child looks upset

Child doesn't know right from wrong and tries to follow what his friends do.

The fourth most frequently used terms to describe abuse were in the "religious neglect and disrespect" category (16.3%). The most frequently used terms to define religious neglect and disrespect included not believing in God's orders (38.4%), not taking what Quran said on child care (35.5%), failure to obey God's words (15.3%), failure to respect Islamic rules (7.6%), failure to be good Muslim parents (4.6%).

Example of the responses classified in this category are presented below:

Not doing what God asks the parents to do and care for their children

Not reading the Quran or not accepting what the Quran said on child care

Not respecting Islam rules

Not treating the child according to Islam rule

Not believing what the prophet said

Failure to be Muslim parents even when they pray or follow Islam practices

The least frequently used terms to describe abuse were in the category of "sexual abuse" (5%). The most frequently used terms to define sexual abuse included sexual attempts (60%), and sexual molestation (20%).

Example of the responses classified in this category are as follows:

Sexual attempts especially from the parents

Manipulating the child's genitalia

Forcing the child to practice sexual intercourse with an adult

Allowing the child to play with the adults' genitalia

One of the school teacher stated that early marriage among girls was strongly considered to be child abuse and neglect.

(2) Quantitative Analysis

Responses to section two of the questionnaire indicated the definition of child abuse at levels of 2.650 to 3.316. All of these are above the midpoint of 2.5 for each item, indicating a neutral to high level of agreement. When considering the individual items, the highest level of agreement was with system level factors such as inadequate availability of immunizations, withholding of treatment by health care providers, and misplacement of a child in a classroom by school officials. The lowest level of agreement was with items in which the child's problems were attributed to lack of emotional and intellectual stimulation by parents (Table 4.5).

Table 4.5
Definitions of child abuse

Item	Mean response
Child shows signs of emotional difficulties as a result of lack of emotional stimulation from parent.	2.650
Child is having difficulties in schools as a result of lack of sufficient intellectual stimulation from parents.	2.722
Child has been injured due to careless child care by parents or guardian.	2.808
Child has received serious physical injuries due to frequent beating by a parent or guardian.	2.831
Child has received a willfully inflicted physical injury due to a beating by a parent or guardian.	2.847
Not providing adequate precaution to prevent a child's accidental injury (e.g. gates on stairs, putting medicine out of reach, etc.).	2.876
Child shows signs of malnutrition, due to parents' financial inability to purchase proper food.	2.921
Child is seriously injured by parent whose intent is mild physical punishment.	2.938
Child is injured due to poor conditions of housing.	2.944

Table 4.5
Definitions of Child Abuse (Cont'd)

Item	Mean responses
Sexual molestation of a child by parent or guardian.	3.085
Locking a child in a dark room or closet as punishment.	3.096
Child shows signs of malnutrition, due to willful withholding of food by parents.	3.153
Child is placed by school officials in a class for the educable mentally retarded when in fact, he has average intelligence.	3.186
Physician withholds treatment of a severely handicapped newborn child.	3.209
Due to inadequate availability of health services in the community, a child does not receive medical care (e.g. Immunizations, regular checkups, etc.).	3.316

Research Question Two: What factors do Bahraini school teachers view as being related to child abuse and neglect?

The level of agreement with factors related to child abuse are shown in Table 4.6. Scores on the 19 items of this section ranged from a mean of 1.053 to 3.599. The items with mean responses below 2.5 indicated disagreement that drug and alcohol use, stress, psychological difficulties, unemployment and immaturity of parents, and the child's behavior were related to child abuse. The highest level of agreement was with gender of abuser, social class, and race of the family, and age and gender of the abused child as factors related to abuse.

Table 4.6
Factors related to child abuse

Item	Mean responses
Drug usage by parent(s).	1.053
Drinking by parents (alcohol).	1.582
Stress on family.	1.768
Psychological maladjustment of parent.	1.864
Child's behavior.	2.215
Unemployment of parent.	2.288
Maturity of parent or caretaker.	2.418
Whether child was wanted by parent or parents.	2.429
Family financial status.	2.678
Parent (s) abused as child	2.695
Parents expectations from the child.	2.814
Age of abuser.	2.898
Single parent family.	2.927
Isolation of parent (s) from relatives/friends.	3.051
Gender of abuser.	3.174
Social class of family.	3.288
Race of family.	3.475
Age of child.	3.525
Gender of child.	3.599

Research Question Three: Which cues are used by Bahraini school teachers' to identify possible child abuse?

Table 4.7 illustrates the mean responses for the items in section 3 of the questionnaire. The nine items below the midpoint of 2.5 indicate disagreement that these items are cues to child abuse. They include the child comes to school with unexplained bruises, lack of cleanliness, withdrawal, fear, fighting, disruptive in class, or uncommonly tired. The highest level of agreement was with cues such as the child's differences in height or weight, inadequate clothing, and a need for medical or dental care.

Table 4.7
Cues to child abuse

Item	Mean responses
Child comes to school with unexplained bruises.	2.073
Child is unkempt and dirty.	2.175
Child is withdrawn.	2.175
Child seems afraid of adults.	2.186
Child frequently gets into fights.	2.324
Child is disruptive in class.	2.345
Child seems uncommonly tired.	2.367
The child's parents show bizarre behavior in dealings with the school.	2.390
There is an odor of alcohol on the child.	2.469
The child's parents show no interest in school.	2.565
Child seems uncommonly hungry	2.593
Child's parents are usually abusive to teacher.	2.638
Child is frequently absent.	2.746
Child comes to school early, and leaves late.	2.767
Child "clings" to adults, and frequently seeks attention.	2.876
Child seems to be in need of medical attention e.g. needs glasses or dental work	2.960
Child is inadequately dressed.	2.960
The child's height and/or weight is quite different from that of peers.	3.571

Research Question Four: What is the teachers' perception of their responsibility to recognize and report child abuse and neglect?

Table 4.8 shows the mean response scores for the items in section 5 of the questionnaire. Mean responses below 2.5 indicated disagreement, with seven of the 23 items. These included disagreement that looking for cases of child abuse is part of their job, as well as investigating, reporting, or protecting abused or neglected children were part of their responsibility. In addition, school teachers stated disagreement that the school system is responsible for providing services to families where child abuse has occurred, and that reporting to an agency will improve the services made available to that family. Surprisingly, the school teachers disagreed that looking for cases of child abuse is part of their job. Their responses to statements of teacher responsibility suggest their reluctance to report child abuse. The highest level of agreement was with their own potential to use physical force with students, that teachers overreact to abuse and embarrass parents, and that almost anyone could injure a child in his care. Also the teachers agreed that a mother who is accused of seriously assaulting her children should be temporarily excluded from parent meetings.

School teachers disagreed that they were responsible to report child abuse in school but agreed that they were responsible for reporting child abuse in their neighborhood. School teachers agreed that they would be reluctant to report a case of child abuse and neglect because of potential harm to the child, and that they would be reluctant to report a case of child abuse because of potential harm to themselves.

Table 4.8
Attitudes and Responsibilities of reporting child abuse

Item	Mean Responses
Looking for cases of child abuse is part of my job.	1.977
If I suspect a case of child abuse of a child in my class, it is my responsibility to report it.	1.994
It is my responsibility to investigate all cases of students in my class (who show signs of physical injury) to determine if they have been abused.	2.034
Teachers can unwittingly contribute to some child abuse incidents when they only contact the home to report negative behavior of their pupils.	2.124
Teachers should be responsible for protecting children in their care, even if it means physically stopping an adult from hurting child.	2.282
The school system has responsibility for providing services to families where child abuse occurred.	2.316
Reporting an abusive parent and abused child to the agency responsible for child abuse will improve the services made available to that family.	2.324
There were times when I could hardly keep myself from using physical force on a child in my class.	2.621
I am reluctant to pursue the issue of child abuse because it is extremely difficult to gather enough evidence to warrant turning the case over the child proper authorities.	2.712

Table 4.8
Attitudes and Responsibilities of Reporting child abuse (cont'd)

Item	Mean Responses
I am reluctant to report a case of child abuse because of what parents will do to the child if he is reported.	2.791
School personnel who report cases of suspected child abuse should not get involved beyond the initial report itself.	2.915
Teachers are responsible for helping children to learn; and their involvement in reporting parents for suspected abuse does not quite seem compatible with educational objectives.	2.949
If I suspect a case of child abuse of child in the school who is not in my class, it is my responsibility to report it.	2.960
Parents have a right to expect complete obedience from their children.	3.079
It would hurt my job if I were to accuse a person of abusing his/her child.	3.102
The more I know a family or person, the less likely I am to suspect an injury of a child as being child abuse.	3.147
Child abuse would be eliminated if judges were less lenient with adults who assault children.	3.243
I am reluctant to report a case of child abuse because of what the abuser may possibly do to me if my identity becomes known.	3.282

Table 4.8
Attitudes and Responsibilities of Reporting child abuse (cont'd)

Item	Mean Responses
If I suspect a case of child abuse of a child in my neighborhood, it is my responsibility to report it.	3.311
A mother who is accused of seriously assaulting her children should be temporarily excluded from parent meetings.	3.347
Almost anyone could at some time injure a child in his care.	3.458
Generally, teachers overreact to incidents of abuse and embarrass parents with many unwarranted reports.	3.831
There were times when I used physical force on a child in my class.	3.898

Discussion of findings

Discussion of the findings are presented in three sections. The first discusses the demographic characteristics of the respondents as well as their experiences with suspecting and reporting child abuse and their training in child abuse and neglect. The second discusses the content analysis of definitions of child abuse and neglect as reported by school teachers. The third section discusses the quantitative data obtained from school teachers in relation to definition of child abuse, relating factors of child abuse, cues of child abuse, as well as attitudes and responsibilities toward reporting child abuse and neglect.

Demographic characteristics

The sample in this study was mature, had extensive personnel and teaching experience with children, and had a mean of 8.5 years teaching experience. They were well prepared, with two thirds having baccalaureate preparation. This group of teachers would be expected to have a good level of theoretical knowledge of child behavior.

Despite their extensive preparation, majority of the school teachers (61%) had never suspected that any child in their class was a victim of abuse or neglect. However among the remaining (39%) of the teachers, the majority had never reported a case of suspected child abuse. Their

reasons included : (a) even if they report, nothing will happened, (b) fear of reprisal against the child, (c) lack of sufficient knowledge on how to detect and report cases of child abuse and neglect, (d) lack of community support, (e) viewing the injury as accidental, (f) fear of having to deal with hostile parents, (g) believing that the child's punishment is legitimate parental discipline, (h) feeling lack of support from the school if they make a report, (I) lack of training in child abuse and neglect detection. This indicates that as a whole the school teachers lacked knowledge and confidence about detecting and reporting child abuse and neglect, and at the same time, they believed that the school system and community would not support them for reporting.

These findings support a study done by Bavolek (1983), who found that 69% of teachers did not report a suspected case of child abuse or neglect. The researcher attributed this to the lack of knowledge of how to report child abuse and neglect cases.

Of the 24 teachers who did report a suspected case of child abuse or neglect, 10 informed the principal who in turn, informed parents. This finding supports a study by Abrahams, Casey, & Daro (1989) that 90% of the school teachers reported suspected cases primarily to the school

principal. Furthermore, five of those (21%) who reported indicated that nothing was done about the report.

Forty-nine (27.7%) of the school teachers had previously taken a course on child care, 28 (15.5%) had a course on children rights, and 37 (17.5%) had a course on child abuse and neglect. The number of years since these courses were taken ranged from 5 to 37 years. This finding indicates that although there are courses in Bahrain on child care, children rights, and child abuse and neglect, few teachers have had these courses even once throughout their teaching experience. Modernization exposes individuals to many additional life stressors. Therefore, more frequent, updated training courses about child care and child abuse and neglect can be valuable in assisting teachers to more easily and effectively assess and refer abused or neglected children for additional care. McNytne (1987) also surveyed teachers' training about child abuse and neglect. Of 440 subjects in McNytne's study, 81% had not had any child abuse or neglect training during their college career. Teachers indicated that they would be able to recognize physical abuse but not sexual abuse.

Definition of Child Abuse and Neglect

Discussion of Qualitative Findings

All qualitative findings in this study indicated that Bahraini school teachers use various terms to define child abuse and neglect. The 33.7% of the teachers who used "physical abuse" as a term to define abuse indicate that physical abuse is an obvious indicator for child abuse.

One of the least frequently mentioned terms was "sexual abuse". This may be due to the fact that it is not culturally acceptable to discuss "sexual abuse" or that it is due to lack of knowledge in defining sexual abuse. Some Bahraini primary school teachers defined child abuse and neglect as not believing in God, and not following what the Quran says on child care and child's right. These definitions reflect their religious beliefs and Islamic practices.

Comparing the teachers' definition with the Texas Child Protective Services classifications' of child abuse and neglect, none of the Bahraini school teachers defined child abuse as abandonment, refusal to assure parental responsibility, or medical neglect. Surprisingly, early marriage (i.e. 12 years of age) among girls, which was common in Bahrain 20 years ago, was among the definitions of child abuse reported by one Bahraini school teacher. One explanation for this definition may be that girls who

got married 20 years ago are the parents of today. Early marriage creates immature parents whose own childhood needs were not met; they are with highly demanding children who do not understand their parents' problems. This increases parents' frustrations and places them at higher risk of abusing or neglecting their children. Tower, (1996) stated that one of the two types of parenting that affect the child's development and make the child at high risk for abuse is immature parents whose own childhood needs were not met and faced with highly demanding children.

Bahraini school teachers' definitions of child abuse and neglect show that they have at least a basic knowledge for defining abuse or neglect but that they may need more knowledge based on a standard definition. This is especially true of the 27 teachers who did not give a definition and who said that they don't know or are not sure of the definition of abuse.

Discussion of Quantitative Findings

The three items that had high scores related to the definition of child abuse and neglect were: (a) "physician withholds treatment of a severely handicapped newborn child", a possible explanation for this finding is that according to Islam, people have no right to take the life of another human being. Therefore, withholding treatment from a handicapped child is

considered like "playing God", (b) "child is placed by school officials in a class for educable mentally retarded when in fact, he has average intelligence", one possible explanation for this finding is that it is considered as a violation of child's rights, (c) "due to inadequate availability of health services in the community, a child does not receive medical care", a possible explanation for this finding is that since health services in Bahrain are free it is unrealistic to deprive the child from medical care; therefore, parents held responsible for the consequences.

The teacher did not consider several items as definitions of child abuse and neglect. For example "child shows signs of emotional difficulties as a result of lack of emotional stimulation from parent" was not identified as a strong definition for child abuse and neglect. This indicates that school teachers lack knowledge in the emotional needs of the child.

Another item, "child is having difficulty in schools as a result of lack of sufficient intellectual stimulation from parents" was also not identified as abuse. One possible explanation is that, in Bahraini culture, school teachers look to the child as a growing adult and having difficulty in school is the child's responsibility, and not because of the parents' insufficiency in providing intellectual stimulation to the child.

Two additional items that had low scores of agreement were : "Child has been injured due to careless child care by parents or guardian", and "not providing adequate precaution to prevent a child's accidental injury". A possible explanation is that in Bahraini culture, people believe that occurrence of an accident to the child is not necessarily the cause of careless parents; it is God's will. Kitbat Alla is the word Bahraini people use to clarify the cause of the injury.

Three items that had lower scores of agreement were: "child has received serious physical injuries due to frequent beating by a parent or guardian", "child has received a willfully inflicted physical injury due to a beating by a parent or guardian" and " child is seriously injured by parent whose intent is mild physical punishment".

A possible explanation may be that, in Bahrain, people believe that the child is the property of the parents, and when children misbehave parents have the right to discipline them by beating. Therefore, school teachers believe that this is part of discipline and if an injury happened, as discussed earlier, it is God's will. These findings support Neuman & Manle-Casimir, (1980), conclusion is that if the school teacher feels that children are the property of their parents and parents can discipline them

by using physical force as a means of corporal punishment, this presents a cultural barrier of teachers' reports of abuse.

Finally, items that had low scores of agreement were "child shows signs of malnutrition, due to parent's financial inability to purchase proper food", and "child is injured due to poor conditions of housing". A possible explanation may be the limited abilities of parents to provide care for the child is part of God's will. Another possible explanation may be that, culturally, people believe that it is the community's responsibility to financially support the needy in order to keep children healthy.

In section three of the questionnaire, school teachers were given a situational factors and asked to rate their level of agreement on how much these factors were related to child abuse and neglect. Gender of abuser, social class of family, race of family, age of child, and gender of child were the items that achieved a level of agreement above 2.5. A possible explanation for these findings is that in Bahrain, boys are preferable to girls, therefore, girls are possibly being abused more than boys. Lower social class parents may be more abusive to their children. Helge (1992) stated that low income is a highly risk factor associated with abuse. One possible explanations for this finding is that those people might lack the knowledge about child's right as well as their parental responsibilities.

Pelton (1989) stated that low social class has a strong effect on the ability of parents' to care for their children. Another possible explanation is that they may lack the necessary financial resources to meet their children's needs.

The items school teachers felt were not related to child abuse and neglect were drug usage by parents and drinking alcohol by parents. Drug abuse and drinking alcohol by parents is not uncommon in Bahrain. School teachers had a low mean score in these items due to the fact that revealing drug abuse and alcohol drinking are a culturally, and religiously, sensitive issues and probably the school teachers did not want to mention it as a relating factor to child abuse and neglect.

Other items school teachers felt were not related to child abuse and neglect were unemployment of parent and stress. Culturally, these situations were looked at as a God's will or may be due to lack of community aid to needy people, but are not viewed as the parents' problems.

Most of the school teachers agreed that " Child seems to be in need of medical attention", "child is inadequately dressed", and "the child's height and or weight is quite different from that of peers", were clear signs of child abuse and neglect.

Items that had low scores of agreement were: "child seems afraid of adults", "child frequently gets into fights", "child is disruptive in class", "child seems uncommonly tired", and "child is withdrawn". The school teachers did not strongly agree that these were cues to child abuse and neglect. One possible explanation may be that Bahraini school teachers believe that the child is a young adult. Once the child is in school, regardless of his grade, and, also, since he says his prayers by himself, and knows what to say to God, he should be responsible for the above behaviors and actions and has to be punished for these behaviors. Commonly in Bahrain when the school teacher observes these cues, he/she calls the child's parent and informs her about the child's behavior. School teachers view these cues as unacceptable behaviors on the part of the child and not cues that are suggestive of child abuse and neglect.

Most of the school teachers reported that they were reluctant to report a case of child abuse because of what the abuser might possibly do to them if their identity become known.

These findings support a survey done by the National Committee for Prevention of Child Abuse assessing the school teachers' knowledge, attitudes, and beliefs about child abuse and neglect. In this survey, almost two thirds of the teachers specified barriers or obstacles to reporting child

abuse or neglect cases. One of these obstacles was fear of the consequences of reporting (Abrahams, Casey, Daro, 1989).

Most of the school teachers disagreed that looking for cases of child abuse is part of their job. They were not aware of their important role in keeping the child away from being abused or neglected.

School teachers disagreed that they were responsible for reporting a child abuse case in school but not if it was in their neighborhood. This indicates that school teachers believe in reporting child abuse or neglect cases as any member in the community, but not as a role of school teacher.

These finding suggests that Bahraini school teachers don't report because that they don't perceive reporting child abuse cases as their main job. This supports Broadhurst's (1979) study which indicated that school teachers viewed reporting child abuse and neglect cases as being outside their area of concern.

Lack of knowledge about their role of reporting supports a recent study done by Reiniger, (1995). Results of this study suggested that school teachers were not aware of their legal obligations and procedures for reporting cases of child abuse and neglect.

School teachers disagree that they were reluctant to report a case of child abuse and neglect because of potential harm to the child, but indicated that they were reluctant to report a case of child abuse because of potential harm to themselves. This is considered as an adaptive protection phenomena, since there is no system to protect the school teachers, they will not automatically report child abuse.

CHAPTER V

Summary, Conclusion, Methodological Issues, Implication and Recommendations

This chapter includes three section. The first section presents a summary of the study which includes the purpose of the study, research questions, methodology, data analysis procedures, and findings. The second section presents the conclusion related to the findings. The third section presents the implications and recommendations.

Summary of the study

The purpose of this descriptive study was to examine how teachers view child abuse, its related factors, its cues, and how they perceive their role and obligations in dealing with an abused child.

The four research questions were: (1) How do Bahraini primary school teachers define and perceive child abuse/neglect? (2) What factors do Bahraini school teachers view as being related to child abuse/neglect? (3) Which cues are used by Bahraini school teachers' to identify possible child abuse? and (4) what is the teachers' perception of their responsibility to recognize and report child abuse/neglect?

Qualitative data were also collected through open-ended questions to support the quantitative findings and further explore how school teachers' define and perceive child abuse and neglect.

Data were collected from 177 Bahraini school teachers, 84 male and 93 female. The instruments used in this study were the Arabic translated version of an instrument developed by Pelcovitz (1977), and demographic data questionnaire.

The reliability's of the study instruments were computed. The alpha coefficients were above the acceptable level and range from .70 to .93, except the attitudes and responsibilities in dealing with child abuse section with an alpha coefficient of .69.

To improve the reliability of this section, Item 8 was deleted "child is struck by parent in course of punishment, but is not injured". This item had a negative correlation of .0136 with the total score. After this item was deleted the alpha coefficient was .70.

Each subject was asked to provide a short written definition of child abuse and neglect. In addition, participants were asked to fill a twelve page questionnaire which requested descriptions of situations associated with child abuse, factors related to child abuse, cues suggestive of child

abuse, and attitudes about and responsibilities in dealing with child abuse.

Demographic data were also included in the questionnaire.

Qualitative data were collected through an open-ended question on definition of child abuse and neglect. The present study is primarily quantitative in nature. Therefore, the data obtained from the questionnaire were tabulated by computer and evaluated using descriptive techniques which include frequencies, percentages, and means.

Means were computed for each item in the next four sections of the questionnaire, descriptions, relating factors, cues of child abuse, and attitudes toward reporting child abuse and neglect.

Conclusions

Based on the qualitative and the quantitative findings of this study, the following major conclusions were drawn:

1. Majority of the school teachers had never suspected any child abuse and neglect in their classroom.
2. Among those who suspected cases of abuse and neglect, the majority had never reported it.
3. Bahraini school teachers used various definitions for child abuse and neglect, the most frequently used term to describe abuse was

"physical abuse". In addition, teachers used other terms to describe abuse which reflected their religious practices and beliefs.

4. Bahraini school teachers lack knowledge in identifying the factors related to child abuse and neglect.
5. Bahraini school teachers were able to identify some of the possible cues to child abuse and neglect. The majority of the items were identified by the teachers as not being suggestive of child abuse and neglect.
6. Bahraini school teachers didn't acknowledge their legal responsibility to recognize and report child abuse and neglect.

Methodological issues

This section discusses the methodological concerns in this study in relation to instrumentation issues, data analysis technique, and the generalizability of the results. The participants in this study were able to understand the questionnaire and complete it. Some of the teachers said it took them a long time to complete it. The reason they specified was that the questionnaire was too long.

All the five sections used for this study were developed in the United States and translated into Arabic to be used in this study. The Arabic version verified by persons who are fluent in both languages.

However, there are still some concerns on whether the wording reflects the correct meaning and has similar meaning in Bahraini culture. Therefore, future research needs to modify the instrument to better reflect the culture of this population.

Findings of this study can be generalized to similar population, because of the random sample selection method used in this study. However, these results may not be generalized to teachers who teach a higher grade because, of their experience and the nature of older students.

Recommendations and Implications

Based on the findings discussed in this study a number of recommendations can be offered to initiate the proper reporting system in Bahrain. The recommendations included the need for planning a training, future research, and policy standards.

1. Formulate a committee of professionals and non professionals to protect Bahraini children. The main functions of this committee are to: (a) culturally define child abuse and neglect, (b) establish a reporting system, (c) educate the public on recognizing, reporting, and preventing child abuse and neglect.

2. Plan training courses that are accessible to professionals in Schools, Hospitals, Health Centers, Child Welfare Associations. A standard manual should be distributed to all the above system.

Recommendation for future research:

1. A qualitative research should be conducted to further explore the teachers' knowledge and attitudes on the relating factors, signs, and their reporting responsibilities on child abuse and neglect, especially among teachers of higher grades.
2. A future research to develop an instrument, which is culturally reliable for assessing the knowledge and attitude on child abuse and neglect.
3. Replication of this study with health professionals such as nurses, physicians will be in a better position to develop child welfare system appropriate to the culture.
4. Replication of this study with non-professionals as these are, also, significant contributors to child abuse and neglect prevention.

Nursing Implications

Implications for nursing practice

Based on the findings of this study, it is recommended that nurses should:

1. Develop public policies that help prevent child abuse and neglect.
2. Develop a continuing education program for nurses on child abuse and neglect. Nurses must be knowledgeable about the definition, signs and symptoms, psychological and physical effects on the abused or neglected child, and their legal reporting responsibility.
3. Plan and implement parent's counseling programs.

Implications for nursing theory

1. Develop a theoretical framework which aids nurses to describe the interaction patterns in abusive families.
2. Update nurses knowledge on child abuse and neglect theory and practices which provide a basis for developing nursing research and applications to practice.

Implications for nursing education

Based on the findings of this study, it is recommended that nurses should:

1. Plan a parental education considering the cultural factors in defining the child abuse and neglect, related factors, and indicating the abused and neglected child.
2. Advocating for the rights of children in Bahrain society, considering the cultural influences, parental versus children's right, and corporal punishment.
3. Plan an education program for the school teachers on defining child abuse and neglect, how to recognize abused and neglected children in their classrooms and their reporting responsibility.
4. Plan a teaching course for the student nurses on all aspects of child abuse and neglect, emphasizing the nurses role in preventing child abuse and neglect.

APPENDIX - A

TYPE OF ABUSE AND NEGLECT

PHYSICAL ABUSE

- Physical injury that result in substantial harm to the child, or the genuine threat of substantial harm from physical injury to the child, including an injury that is at variance with the history or explanation given and excluding an accident, or reasonable discipline by a parent, guardian, or managing or possessory conservator that does not expose the child to a substantial risk of harm.

- Failure to make a reasonable effort to prevent an action by another person that results in physical injury that results in substantial harm to the child.

MEDICAL NEGLECT

- The failure to seek, obtain, or follow through with medical care for the child, with the failure resulting in or presenting a substantial risk of death, disfigurement, or bodily injury or with the failure resulting in an observable and material impairment to the growth, development, or function of the child.

SEXUAL ABUSE

- Sexual conduct harmful to a child's mental, emotional, or physical welfare
- Failure to make a reasonable effort to prevent sexual harm to a child
- Compelling or encouraging the child to engage in sexual conducts
- Causing, permitting, encouraging, engaging in, or allowing the photographing, filming, or depicting of the child if the person knew or should have known that the resulting photograph, film, or depiction of the child is obscene.

NEGLECTFUL SUPERVISION

- Placing the child in or failing to remove the child from a situation that a reasonable person would realize requires judgment or actions beyond the child's level of maturity, physical condition, or mental abilities and that results in bodily injury or substantial risk of immediate harm to the child.

- Placing a child in or failing to remove the child from a situation in which the child would be exposed to a substantial risk of sexual conduct harmful to the child.

PHYSICAL NEGLECT

- The failure to provide the child with food, clothing, or shelter necessary to sustain the life or health of the child, excluding failure caused primarily by financial inability unless relief services had been offered and refused.

EMOTIONAL ABUSE

- Mental or emotional injury to a child that results in an observable and material impairment in the child's growth, development, or psychological function

- Causing or permitting the child to be in a situation in which the child sustains a mental or emotional injury that results in an observable and material impairment in the child's growth, development, or psychological functioning.

ABANDONMENT

- The leaving of a child in a situation where the child would be exposed to a substantial risk of physical or mental harm, without arranging for necessary care for the child, and a demonstration of an intent not to return by a parent, guardian, or managing or possessory conservator of the child

REFUSAL TO ASSUME PARENTAL RESPONSIBILITY

- The failure by the person responsible for a child's care, custody, or welfare to permit the child to return to the child's home without arranging for the necessary care for the child after the child has been absent from the home for any reason, including having been in residential placement or having run away.

NA- Not applicable

* Taken from instructions form 2202-A/B of the Child Protective Services Handbook 94-4.

APPENDIX - B
English and Arabic Versions

General Information Section

Respondent NO: _____

Gender: _____ Male _____ Female _____

Age :

20-24 _____
25-29 _____
30-34 _____
35-39 _____
40-44 _____
45-49 _____
50+ _____

Marrietal Status:

Married _____
Divorced _____
Single _____
Widowed _____

- If married how many children if you have: _____

1. How many years of previous teaching experience do you have?
(Do not count student teaching experience) _____
2. How many years you taught in this school? _____
3. How many years have you taught at current grade/subject level? _____
4. Highest degree achieved:
____ Intermediate
____ Secondary
____ Diploma
____ Bachelors
____ Masters
____ Doctorate
____ Educational Specialist
5. Have you ever suspected that a child in your class was the victim of child abuse?
____ Yes _____ No
6. Have you ever reported a suspected case of child abuse or neglect?
____ Yes _____ No

7. If you answered yes what happened?

8. If you answered no on question 7, why didn't you report?

_____ You didn't know you were legally responsible to report suspected child abuse and neglect.

_____ You didn't know to whom to report such a case.

_____ You felt that even if you reported, nothing would happen

_____ You were afraid of parent reprisal

_____ You weren't aware of any suspected child abuse or neglect cases in your classroom.

_____ Other (specify).

9. Have you ever taken a course on child care?

Yes _____ No _____

- If you answered yes, how long ago? _____

10. Have you ever taken a course on child's right?

Yes _____ No _____

- If you answered yes, how long ago? _____

11. Have you ever taken a course on child abuse/neglect?

_____ Yes _____ No _____

If you answered yes, how long ago? _____

Section One

Please give a brief definition of what you believe to be child abuse:

Section two

Below are some situations which is considered to be defined as child abuse and neglect. Some school teachers agree and others disagree. Please circle the most appropriate definition you consider to be as child abuse and neglect.

- 1= Strongly disagree
 2= disagree
 3= Neutral or undecided
 4= Agree
 5= Strongly agree

Situations

1.	Child has received a willfully inflicted physical injury due to a beating by a parent or guardian.	1	2	3	4	5
2.	Child has been injured due to careless child care by parents or guardian.	1	2	3	4	5
3.	Child shows signs of emotional difficulties as a result of lack of emotional stimulation from parent.	1	2	3	4	5
4.	Child has received serious physical injuries due to frequent beating by a parent or guardian.	1	2	3	4	5
5.	Child is having difficulties in schools as a result of lack of sufficient intellectual stimulation from parents.	1	2	3	4	5
6.	Child shows signs of malnutrition, due to willful withholding of food by parents.	1	2	3	4	5
7.	Child shows signs of malnutrition, due to parents' financial inability to purchase proper food.	1	2	3	4	5
8.	Child is struck by parent in course of punishment, but is not injured.	1	2	3	4	5

9.	Child is seriously injured by parent whose intent is mild physical punishment.	1	2	3	4	5
10.	Due to inadequate availability of health services in the community, a child does not receive medical care (e.g. Immunizations, regular checkups, etc.).	1	2	3	4	5
11.	Child is injured due to poor conditions of housing.	1	2	3	4	5
12.	Sexual molestation of a child by parent or guardian.	1	2	3	4	5
13.	Physician withholds treatment of a severely handicapped newborn child.	1	2	3	4	5
14.	Child is placed by school officials in a class for the educable mentally retarded when in fact, he has average intelligence.	1	2	3	4	5
15.	Locking a child in a dark room or closet as punishment.	1	2	3	4	5
16.	Not providing adequate precaution to prevent a child's accidental injury (e.g. gates on stairs, putting medicine out of reach, etc.).	1	2	3	4	5
17.	Other, or remarks on the above.	1	2	3	4	5

Section Three

For the purposes of this question think of "child abuse" as being only instances where a parent has inflicted a PHYSICAL INJURY on a child. Given this definition of abuse, please indicate which factors you believe to be related to child abuse.

For each item encircle the symbol which best indicates how strongly the factor is related to child abuse.

- 1= Always unrelated
- 2= Usually unrelated
- 3= Not sure
- 4= Usually related
- 5= Always related

Factors

		1	2	3	4	5
1.	Maturity of parent or caretaker.	1	2	3	4	5
2.	Whether child was wanted by parent or parents.	1	2	3	4	5
3.	Drinking by parents (alcohol).	1	2	3	4	5
4.	Family financial status.	1	2	3	4	5
5.	Psychological maladjustment of parent.	1	2	3	4	5
6.	Unemployment of parent.	1	2	3	4	5
7.	Parents expectations from the child.	1	2	3	4	5
8.	Parent (s) abused as child	1	2	3	4	5
9.	Child's behavior.	1	2	3	4	5
10.	Isolation of parent (s) from relatives/friends.	1	2	3	4	5
11.	Drug usage by parent(s).	1	2	3	4	5
12.	Stress on family.	1	2	3	4	5
13.	Single parent family.	1	2	3	4	5
14.	Social class of family.	1	2	3	4	5

15.	Race of family.	1	2	3	4	5
16.	Age of child.	1	2	3	4	5
17.	Gender of child.	1	2	3	4	5
18.	Age of abuser.	1	2	3	4	5
19.	Gender of abuser.	1	2	3	4	5
20.	Other:					

Section Four

The following are cues that may alert the teacher that a child may be abused. For each item encircle the symbol which best indicates how strongly this cue is suggestive of possible abuse.

- 1= Never suggestive
 2= Rarely suggestive.
 3= unsure.
 4= Sometimes suggestive.
 5= Always suggestive

Situations

1.	Child is disruptive in class.	1	2	3	4	5
2.	Child seems afraid of adults.	1	2	3	4	5
3.	Child frequently gets into fights.	1	2	3	4	5
4.	Child is withdrawn.	1	2	3	4	5
5.	Child "clings" to adults, and frequently seeks attention.	1	2	3	4	5
6.	Child is frequently absent.	1	2	3	4	5
7.	Child comes to school early, and leaves late.	1	2	3	4	5
8.	Child is inadequately dressed.	1	2	3	4	5
9.	Child comes to school with unexplained bruises.	1	2	3	4	5
10.	Child is unkempt and dirty.	1	2	3	4	5
11.	Child seems uncommonly hungry	1	2	3	4	5
12.	Child seems uncommonly tired.	1	2	3	4	5
13.	There is an odor of alcohol on the child.	1	2	3	4	5
14.	The child's height and/or weight is quite different from that of peers.	1	2	3	4	5

- | | | | | | | |
|-----|---|---|---|---|---|---|
| 15. | The child's parents show bizarre behavior in dealings with the school. | 1 | 2 | 3 | 4 | 5 |
| 16. | The child's parents show no interest in school. | 1 | 2 | 3 | 4 | 5 |
| 17. | Child's parents are usually abusive to teacher. | 1 | 2 | 3 | 4 | 5 |
| 18. | Child seems to be in need of medical attention e.g. needs glasses or dental work. | 1 | 2 | 3 | 4 | 5 |
| 19. | Other and/or comments: | | | | | |

Section Five

In the following series of questions, I am interested in learning about your attitudes and opinions about child abuse; and your own responsibilities in dealing with child abuse.

For each statement encircle the appropriate symbol which best represents your level of agreement with the statement.

- 1= Strongly disagree
2= disagree
3= Undecided
4= agree
5= Strongly agree

Situations

1.	Looking for cases of child abuse is part of my job.	1	2	3	4	5
2.	It is my responsibility to investigate all cases of students in my class (who show signs of physical injury) to determine if they have been abused.	1	2	3	4	5
3.	Teachers should be responsible for protecting children in their care, even if it means physically stopping an adult from hurting child.	1	2	3	4	5
4.	If I suspect a case of child abuse of a child in my class, it is my responsibility to report it.	1	2	3	4	5
5.	If I suspect a case of child abuse of child in the school who is not in my class, it is my responsibility to report it.	1	2	3	4	5
6.	If I suspect a case of child abuse of a child in my neighborhood, it is my responsibility to report it.	1	2	3	4	5
7.	Generally, teachers overreact to incidents of abuse and embarrass parents with many unwarranted reports.	1	2	3	4	5

8.	One can treat child abuse without going through the formal reporting and investigating system.	1	2	3	4	5
9.	The school system has responsibility for providing services to families where child abuse occurred.	1	2	3	4	5
10.	School personnel who report cases of suspected child abuse should not get involved beyond the initial report itself.	1	2	3	4	5
11.	Teachers are responsible for helping children to learn; and their involvement in reporting parents for suspected abuse does not quite seem compatible with educational objectives.	1	2	3	4	5
12.	It would hurt my job if I were to accuse a person of abusing his/her child.	1	2	3	4	5
13.	I am reluctant to pursue the issue of child abuse because it is extremely difficult to gather enough evidence to warrant turning the case over the child proper authorities.	1	2	3	4	5
14.	Child abuse would be eliminated if judges were less lenient with adults who assault children.	1	2	3	4	5
15.	The more I know a family or person, the less likely I am to suspect an injury of a child as being child abuse.	1	2	3	4	5
16.	A mother who is accused of seriously assaulting her children should be temporarily excluded from parent meetings.	1	2	3	4	5
17.	Reporting an abusive parent and abused child to the agency responsible for child abuse will improve the services made available to that family.	1	2	3	4	5

18.	Teachers can unwittingly contribute to some child abuse incidents when they only contact the home to report negative behavior of their pupils.	1	2	3	4	5
19.	I am reluctant to report a case of child abuse because of what parents will do the child if he is reported.	1	2	3	4	5
20.	I am reluctant to report a case of child abuse because of what the abuser may possibly do to me if my identity becomes known.	1	2	3	4	5
21.	Parents have a right to expect complete obedience from their children.	1	2	3	4	5
22.	Almost anyone could at some time injure a child in his care.	1	2	3	4	5
23.	There were times when I could hardly keep myself from using physical force on a child in my class.	1	2	3	4	5
24.	There were times when I used physical force on a child in my class.	1	2	3	4	5

Comments:

مواقف ومعرفة مدرسي ومدرسات المرحلة الابتدائية
البحرينيين ١ البحرينيات تجاه سوء معاملة الطفل وأهماله

اعداد : نادية علي أدباهي

قسم المعلومات العامة

الرقم المتسلسل :	_____
الجنس :	_____ ذكر ، _____ انثى
العمر :	٢٠ - ٢٤ سنة
	٢٥ - ٢٩ سنة
	٣٠ - ٣٤ سنة
	٣٥ - ٣٩ سنة
	٤٠ - ٤٤ سنة
	٤٥ - ٤٩ سنة
	٥٠ - وما فوق
الحالة الاجتماعية :	متزوج / متزوجة
	مطلق / مطلقة
	اعزب / عازبة
	ارمل / ارملة

_____ اذا كنت متزوجا / متزوجة ، اذكر عدد الاطفال اذا وجد :

١ - في اي فصل تدرس حاليا : _____
الاول الابتدائي
_____ الثاني الابتدائي
_____ الثالث الابتدائي
_____ الرابع الابتدائي
_____ الخامس الابتدائي
_____ السادس الابتدائي

٢ - كم سنة في خبرة التدريس السابقة لديك ؟
(لاتحسب سنوات التدريب وانت طالب) _____

٣ - كم سنة درست في هذه المدرسة ؟ _____

٤ - كم سنة درست في الصف او المادة التي تدرسها الان ؟ _____

٥ - اعلى درجة علمية تم الحصول عليها :
_____ اعمدادي :
_____ ثاني :
_____ دبلوم معلمي :
_____ بكالوريوس :
_____ بكالوريوس معمل فصل :
_____ ماجستير :
_____ دكتوراه :

٦ - هل شككت ان طفلا في صفك كان ضحية لسوء معاملة او تجاهل الطفل ؟
_____ نعم ، _____ كلا .

٧ - هل حدث وان كتبت تقريرا حول حالة سوء معاملة او تجاهل الطفل عندما شككت بها ؟
_____ نعم ، _____ كلا .

٨ - اذا كانت الاجابة بنعم ، ماذا حدث ؟

٩ - اذا اجبت بكلا على السؤال السابع ، لماذا لم تكتب تقرير ؟

- انت لم تعرف انك مسؤولا قانونيا عن تبليغ حالات سوء معاملة وتجاهل الطفل .
- انت لم تعرف الى من ستكتب التقرير عن هذه الحالة .
- شعرت انك حتى ولو كتبت تقرير بالحالة ، فلا يوجد احد يتابع القضية .
- كنت خائفا من انتقام الاهل .
- ماكنت شاعرا بأي حالة سوء معاملة وتجاهل الطفل في صفك .
- اسباب اخرى .

١٠ - هل اخذت مقررا في رعاية الطفل ؟

_____ نعم ، _____ كلا .
اذا اجبت بنعم ، منذ متى ؟ _____

١١ - هل اخذت مقررا في حقوق الطفل ؟

_____ نعم ، _____ كلا .
اذا اجبت بنعم ، منذ متى ؟ _____

١٢ - هل اخذت مقررا في سوء معاملة وتجاهل الطفل ؟

_____ نعم ، _____ كلا .
اذا اجبت بنعم ، منذ متى ؟ _____

القسم الاول

رجاء ، اعط تعريفًا مختصرًا لما تعتقد بأنه "سوء معاملة وإهمال الطفل".

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

القسم الثاني

يحتوى هذا القسم على عدد من المواقف التي قد يتفق عليها البعض و يختلف عليها البعض الاخر من حيث ما يوصف بسوء معاملة واهمال الطفل .
بعد قراءة كل بند من البنود التالية الرجاء وضع دائرة حول أحد الاجوبة المبينة أدناه :

- ١ - أوافق بشدة
- ٢ - أوافق
- ٣ - محايد.
- ٤ - لا أوافق
- ٥ - لاأوافق بشدة

١	١	٢	٣	٤	٥	طفل اصيب بأذى جسديا متعمدا بسبب الضرب من قبل الوالدين او الولي عليه .
٢	١	٢	٣	٤	٥	طفل تعرض للاذى بسبب الاهمال في العناية بالطفل من قبل احد الوالدين أو الولي عليه .
٣	١	٢	٣	٤	٥	طفل يظهر صعوبات عاطفية كنتيجة للنقص في الاثارة العاطفية من قبل احد الوالدين .
٤	١	٢	٣	٤	٥	طفل تعرض الى اعتداءات جسدية خطيرة نتيجة من ضرب متكرر من قبل احد الوالدين او الولي عليه .
٥	١	٢	٣	٤	٥	طفل لديه صعوبات في المدرسة نتيجة للنقص في الاثارة العقلية الكافية من الوالدين .
٦	١	٢	٣	٤	٥	طفل تظهر عليه علامات سوء التغذية نتيجة لمنع الطعام عمدا عنه من قبل الوالدين .
٧	١	٢	٣	٤	٥	طفل تظهر عليه علامات سوء التغذية نتيجة لعدم قدرة الوالدين المالية لشراء الطعام المناسب .
٨	١	٢	٣	٤	٥	طفل ضرب من قبل احد الوالدين في سياق العقوبة ، لكنه لم يؤذى .
٩	١	٢	٣	٤	٥	طفل اذى بشدة من قبل احد الوالدين حيث كانت النية مجرد عقوبة جسدية بسيطة.

١٠	١	٢	٣	٤	٥	طفل لا يحصل على عناية طبية (مثل: لقاحات ، فحوصات دورية ، الخ ...) نتيجة لعدم وجود خدمات صحية كافية في المجتمع.
١١	١	٢	٣	٤	٥	طفل تعرض للاذى نتيجة للمعيشة في مسكن غير صالح .
١٢	١	٢	٣	٤	٥	تحرشات جنسية للطفل من قبل احد الوالدين او الولي .
١٣	١	٢	٣	٤	٥	طبيب يمتنع عن معالجة مولود معوق بشدة .
١٤	١	٢	٣	٤	٥	طفل يوضع في صف لضعاف العقول من قبل مسؤولي المدرسة ، في حين انه علي مستوى متوسط من الذكاء .
١٥	١	٢	٣	٤	٥	حجز الطفل في غرفة مظلمة او خزانة ملابس كعقوبة .
١٦	١	٢	٣	٤	٥	عدم توفير وقاية مناسبة لمنع وقوع حوادث اذى للطفل مثل (حواجز على الادراج ، وضع الادوية بعيدا عن متناول الايدي ، الخ ...) .
١٧	١	٢	٣	٤	٥	اشياء اخرى ، او ملاحظات على ماسبق ذكره .

القسم الثالث

لاهداف خاصة بهذا القسم من الاستبيان فكر بسوء معاملة الطفل علي أنه الحاق بأذي جسدي بالطفل من قبل الوالدين , الرجاء وضع دائرة حول الرقم الذي تعتقد بأنه يصف مدي علاقة كل عامل من العوامل التالية بما يوصف بسوء معاملة الطفل .

سيكون جوابك بأحد الأجوبة التالية :

- ١- له علاقة دائمه بسوء معاملة الطفل .
- ٢- عادة له علاقة بسوء معاملة الطفل .
- ٣- غير متأكد من مدي العلاقة .
- ٤- عادة ليست له علاقة بسوء معاملة الطفل .
- ٥- ليست له علاقة دائمه بسوء معاملة الطفل .

١	نضج الوالدين او المسؤول عن الرعاية .	١	٢	٣	٤	٥
٢	فيما اذا كان الطفل مرغوبا من قبل احد الوالدين او كلاهما .	١	٢	٣	٤	٥
٣	ادمان الوالدين على الكحول .	١	٢	٣	٤	٥
٤	الحالة الاقتصادية للعائلة .	١	٢	٣	٤	٥
٥	سوء التكيف النفسي للوالدين .	١	٢	٣	٤	٥
٦	كون الوالدين عاطلين عن العمل .	١	٢	٣	٤	٥
٧	توقعات الوالدين من الطفل .	١	٢	٣	٤	٥
٨	كون احد الوالدين او كلاهما تعرض لحالة سوء معاملة الطفل .	١	٢	٣	٤	٥
٩	سلوك الطفل .	١	٢	٣	٤	٥
١٠	انعزال احد الوالدين او كلاهما عن الاقارب او الاصدقاء .	١	٢	٣	٤	٥
١١	استخدام المخدرات من قبل احد الوالدين او كلاهما .	١	٢	٣	٤	٥

١٢	وجود الضغوط النفسية في العائلة .	١	٢	٣	٤	٥
١٣	العائلة مكونة من احد الوالدين فقط .	١	٢	٣	٤	٥
١٤	المكانة الاجتماعية للعائلة .	١	٢	٣	٤	٥
١٥	سلالة العائلة .	١	٢	٣	٤	٥
١٦	عمر الطفل .	١	٢	٣	٤	٥
١٧	جنس الطفل .	١	٢	٣	٤	٥
١٨	عمر من يقوم بتعرض الطفل لسوء المعاملة .	١	٢	٣	٤	٥
١٩	جنس من يقوم بتعرض الطفل لسوء المعاملة .	١	٢	٣	٤	٥
٢٠	اشياء اخرى .	١	٢	٣	٤	٥

القسم الرابع

الدلائل التالية قد تعتبر دلائل تحذر تنبه المدرس الى ان الطفل ربما قد تعرض لسوء معاملة من قبل الوالدين . الرجاء وضع دائرة حول الرقم الذي يصف بشكل مناسب مدى تعبير هذه الدلائل عن سوء معاملة محتملة للطفل .

- ١- موحية دائما .
- ٢- موحية أحيانا .
- ٣- غير متأكد .
- ٤- موحية نادرا .
- ٥- غير موحية اطلاقا .

	١	٢	٣	٤	٥
١	الطفل يكون فوضوي في الصف .	١	٢	٣	٤
٢	الطفل يبدو خائفا من الراشدين .	١	٢	٣	٤
٣	الطفل بشكل متكرر يورط نفسه في عراكات .	١	٢	٣	٤
٤	الطفل يكون منعزل (منطوي علي نفسه) .	١	٢	٣	٤
٥	الطفل يلتصق بالراشدين ويجذب تكرار انتباههم .	١	٢	٣	٤
٦	الطفل غائب عن الصف بشكل متكرر .	١	٢	٣	٤
٧	الطفل يحضر للمدرسة مبكرا ويغادر متأخرا .	١	٢	٣	٤
٨	الطفل يرتدى ملابس غير ملائمة .	١	٢	٣	٤
٩	الطفل يحضر للمدرسة وعليه رضوض غير مبررة .	١	٢	٣	٤
١٠	الطفل يحضر للمدرسة وهو اشعث (مهمل او غير مرتب) و متسخ .	١	٢	٣	٤
١١	الطفل يبدو جائعا بشكل غير معتاد (غير طبيعي) .	١	٢	٣	٤

١٢	الطفل يبدو تعباً بشكل غير معتاد (غير طبيعي) .	١	٢	٣	٤	٥
١٣	توجد رائحة الكحول على ملابس الطفل .	1	٢	٣	٤	٥
١٤	طول ووزن الطفل يختلف تماماً عن وزن وطول رفاقه .	١	٢	٣	٤	٥
١٥	والدي الطفل يظهران سلوكاً عجبياً (شاذاً) في التعامل مع المدرسة .	١	٢	٣	٤	٥
١٦	والدي الطفل يظهران عدم اهتمام بالمدرسة .	١	٢	٣	٤	٥
١٧	والدي الطفل عادةً يسيئون التعامل مع المدرس .	١	٢	٣	٤	٥
١٨	الطفل يبدو بحاجة إلى رعاية طبية ، مثل: يحتاج إلى نظارات، علاج أسنان) .	١	٢	٣	٤	٥
١٩	أشياء أخرى و/أو التعليقات.	١	٢	٣	٤	٥

القسم الخامس

من خلال الاسئلة التالية ،أود معرفة موقفك ورأيك حول سوء معاملة الطفل ، وايضا مسؤولياتك في التعامل مع حالات سوء معاملة الطفل .

لكل عبارة من العبارات التالية ، ضع دائرة حول الرقم الذي يمثل بشكل مناسب مدي اتفاقك مع العبارة :

- ١ - موافق بشدة.
- ٢ - موافق
- ٣ - غير متأكد.
- ٤ - لا أوافق.
- ٥ - لا أوافق بتاتا (اطلاقا) .

١	١	٢	٣	٤	٥	البحث عن حالات سوء معاملة الطفل جزء من عملي .
٢	١	٢	٣	٤	٥	مسؤوليتي ان اتحرى كل حالات الطلاب في صفى (الذين يظهرهم علامات التعرض للذى الجسدى) من اجل ان احدد فيما اذا كانوا قد تعرضوا لسوء معاملة الطفل .
٣	١	٢	٣	٤	٥	الاساتذة يجب ان يكونوا مسؤولين عن حماية الاطفال الواقعين تحت رعايتهم ، حتى ولو كان ذلك يعنى ايقاف الراشدين جبريا من اذاء الطفل .
٤	١	٢	٣	٤	٥	اذا شككت بحالة سوء معاملة الطفل في صفى ، فان من مسؤوليتي ان اكتب تقريرا بذلك .
٥	١	٢	٣	٤	٥	اذا شككت بحالة سوء معاملة الطفل في غير صفى فان من مسؤوليتي ان اكتب تقريرا بذلك .
٦	١	٢	٣	٤	٥	اذا شككت بحالة سوء معاملة الطفل في المنطقة المجاورة لي (الجيران) ، فان مسؤوليتي ان اكتب تقريرا بذلك .
٧	١	٢	٣	٤	٥	الاساتذة عموما يبالغون في التعامل مع حوادث سوء معاملة الطفل ويربكون الاهل بتقارير غير مرغوبة .
٨	١	٢	٣	٤	٥	يستطيع المرء ان يعالج سوء معاملة الطفل بنفسه دون اتباع نظام التقرير والتحرى الرسمي .

٩	١	٢	٣	٤	٥	نظام المدرسة مسؤول عن تزويد خدمات للعائلات التي تحدث فيها حالات سوء معاملة الطفل .
١٠	١	٢	٣	٤	٥	موظف المدرسة الذي يكتب تقرير حول حالات متوقعة (أو مخمنة) بسوء معاملة الطفل يجب ان لا يتدخل فيما بعد التقرير المبني .
١١	١	٢	٣	٤	٥	المدرسون مسؤولون عن مساعدة الاطفال على ان يتعلموا ، وتدخل المدرسون في كتابة تقارير عن اهالي لحالات مخمنة من سوء معاملة الطفل لاتبدو محتومة من خلال الاهداف التربوية .
١٢	١	٢	٣	٤	٥	اتهام شخصا بسوء معاملة طفله/طفلهما قد يؤدى عملي .
١٣	١	٢	٣	٤	٥	انا متردد في متابعة مسألة سوء معاملة الطفل لانه صعب جدا ان اجمع دلائل كافية للتحذير ومناسبة لاحالة المسألة الى السلطات المسؤولة .
١٤	١	٢	٣	٤	٥	سوء معاملة الطفل ستزول فيما اذا كان القضاة اقل تساهلا مع الراشدين الذين يؤذون الاطفال .
١٥	١	٢	٣	٤	٥	مقدار معرفتي للعائلة او الشخص يتناسب عكسيا مع ميلي لتقرير حالة تقدير سوء معاملة الطفل لكونه مؤذى .
١٦	١	٢	٣	٤	٥	يجب ابعاد الام التي تتهم بسوء معاملة الطفل عن اجتماع الوالدين .
١٧	١	٢	٣	٤	٥	ان كتابة تقرير حول آباء يسيؤون معاملة اطفالهم واطفال تعرضوا لسوء معاملة الى الجهات المسؤولة عن حالات سوء معاملة الطفل سوف يطور الخدمات المتاحة لتلك العائلة .
١٨	١	٢	٣	٤	٥	يستطيع المدرسون من غير كتابة اي تقرير بشكل غير مقصود المساهمة في مشاكل سوء معاملة الطفل عندما يتصلون بالبيت ليعلموا الاهل بالسلوك السلبي لطلابهم .
١٩	١	٢	٣	٤	٥	انا متردد في كتابة تقرير حول حالة من سوء معاملة الطفل خوفا مما قد يفعله الاهل للطفل الذي كتب التقرير عنه .
٢٠	١	٢	٣	٤	٥	انا متردد في كتابة تقرير حول حالة من سوء معاملة الطفل خوفا مما قد يفعله المسيء لي فيما اذا عرفت هويتي .

٢١	للوالدين الحق في توقع طاعة تامة من اطفالهم .				
٢٢	كل مرء , غالبا , عرضه لأن يؤذيالطفل الذي تحت رعايته .				
٢٣	حدثت حالات حيث منعت نفسي بصعوبة من استعمال القوة الجسدية على طفل في صفي .				
٢٤	حدثت حالات حيث أستعملت القوة الجسدية على طفل صفي.				

APPENDIX - C

STATE OF BAHRAIN

MINISTRY OF HEALTH

P. O. Box 12,

Bahrain, Arabian Gulf.



دولة البحرين

وزارة الصحة

ص. ب ١٢

البحرين - الخليج العربي

No. FAD/ak/NAA-ICN/1008

Date: April /8. 1995

الرقم :

التاريخ :

Ms. Nadia Ali Adbahi
 2212 San Gabriel Street
 # 208
 Austin
 TX 78705

Dear Ms. Adbahi,

Thank you for your faxed letter dated 3rd April, 1995.

I would appreciate receiving the research proposal and an abstract in Arabic of your study, to be able to proceed with obtaining the permission.

Good Luck in your studies.

With best regards,

Yours sincerely,

Fariba Al-Darazi
 Fariba Al Darazi, R.N., M.Sc., Ph.D
 Director of Training

Arabic Version

ملخص الدراسة

لعنوان : مواقف ومعرفة مدرسي ومدرسات المرحلة الابتدائية البحرينيين ١ البحرينيات تجاه سوء معاملة الطفل واهماله.

لمقدمة : تعتبر سوء معاملة الطفل أكثر الحالات المؤدية الى ارتفاع نسبة الوفيات بين الأطفال مقارنة بالأمراض الأخرى. ومما يبدو فانه من الصعوبة اكتشاف علامات سوء معاملة الطفل واهماله خاصة لأن الأطفال المتضررين لا يستطيعون البوح أو التحدث عن سوء المعاملة أو التعرف على الجاني .

ويعتبر المدرسين المدرسات من الأشخاص الأكثر اتصالاً وقرباً من الأطفال في المدارس حيث تتيح لهم الفرصة لاكتشاف المبكر لحالات سوء معاملة الطفل . لقد دلت الكثير من الدراسات الحديثة على أن تقاعس ١ اهمال المدرسين ١ المدرسات في التبليغ عن حالات سوء معاملة الطفل وعدم القدرة على التعامل مع حالات سوء معاملة الطفل ترجع الى عجزهم عن التعرف على العلامات والمظاهر الدالة على سوء المعاملة والتبليغ عنها الى الجهات المختصة . أن معرفة مواقف ودراية المدرسين ١ المدرسات بسوء معاملة الطفل واهماله قد نشر ونوقش في أكثر الدراسات العالمية . وحتى الآن لم تجري أية دراسة علمية توضح مواقف ودراية (معرفة) المدرسين ١ المدرسات البحرينيين ١ البحرينيات تجاه سوء معاملة الطفل واهماله .

الهدف من الدراسة : الهدف من هذه الدراسة هو : ١ - معرفة مواقف ومدى دراية المدرسين ١ المدرسات البحرينيين ١ البحرينيات بسوء معاملة الطفل واهماله والأسباب المؤدية اليه .
٢ - معرفة وجهات نظرهم ١ نظرهن وإدراكهم لدورهم والتزامهم في التعامل مع الطفل المهمل.

أهمية الدراسة : تتطلع أهمية هذه الدراسة الى بناء الأساس للبحث والتعليم في المستقبل . ان المعرفة والفائدة العلمية والتربوية التي ستستخلص وستكتشف من هذه الدراسة ستساهم في تشجيع الجهات المعنية في توسيع مدارك المدرسين ١ المدرسات تجاه سوء معاملة الطفل واهماله وكذلك في التخطيط واعداد البرامج التربوية بوزارة الصحة ووزارة التربية والتعليم بدولة البحرين .

أسئلة البحث : سوف تناقش هذه الدراسة الأسئلة التالية :

- ١ - ما هو تعريف المدرسون المدرسات البحرينيين ١ البحرينيات لما يعرف بسوء معاملة واهمال الطفل ؟
- ٢ - ما هو مستوى خبرة ودراية المدرسين ١ المدرسات البحرينيين ١ البحرينيات في تحديد أسباب سوء معاملة واهمال الطفل ؟
- ٣ - ما هي الدلائل التي يتبعها المدرسون والمدرسات في تحديد علامات سوء معاملة واهمال الطفل ؟
- ٤ - ما هو ادراك المدرسين الحسي (وجهات نظرهم) لمسئولياتهم تجاه اكتشاف وتبليغ الجهات المعنية في حالة اكتشاف طفل مهمل ؟

STATE OF BAHRAIN

MINISTRY OF HEALTH

P. O. Box 12,

Bahrain, Arabian Gulf.



دولة البحرين

وزارة الصحة

ص. ب. ١٢

البحرين - الخليج العربي

FAD/ms/95/2040

No.

الرقم :

Date : 2nd September, 1995

التاريخ :

Mrs. Nadia Ali Adbahi

FAX NO.01 512 472 5775

Dear Mrs. Adbahi,

SUB: Research Study

I am pleased to inform you that approval has been granted for your study entitled "Knowledge and attitudes of child abuse and Neglect among Bahraini Primary School Teachers".

Wishing You Good Luck With Your Studies.

Sincerely,

Fariba Al-Darazi
Dr. Fariba Al-Darazi, R.N., M.Sc., Ph.D.
 Director of Training

خطة البحث

سوف تستخدم هذه الخطة الوصفية الغير تجريبية فى تحديد قدرة المدرسين تجاه اهمال وسوء معاملة لطفل .

عينة البحث

ن الشريحة او العينة التى اختيرت لهذه الدراسة تشتمل على جميع المدرسين و المدرسات فى المرحلة الابتدائية فى البحرين وذلك من اجل الحصول على عينة نموذجية .

خطوات جمع المعلومات :

سيستخدم استبيان " بيلكوفتر ١٩٧٧ " فى هذه الدراسة وذلك لمعرفة مواقف ودراية المدرسين لما يعرف بسوء معاملة واهمال الطفل . هذا الاستبيان ترجم الى اللغة العربية وسوف يطلب من المدرسين ملاً هذا الاستبيان وستكون المشاركة فى هذه الدراسة اختيارية .

تحليل المعلومات :

ستستخدم احصائيات بيانية لتوضيح الوصف الديموغرافي لعينة البحث . ستحلل المعلومات التى تضمنها القسم الأول من الاستبيان حسب تكرار كل بند من البنود المتضمنه لتعريف " سوء معاملة واهمال الطفل " . ستحلل نتائج الأربعة أقسام الاخرى من الاستبيان بأستخدام الاحصائيات البيانية كالنسبة المئوية والمعدل (المتوسط) لكل بند من بنود الأقسام الأربعة .

APPENDIX - D



NORTH SHORE UNIVERSITY HOSPITAL

NORTH SHORE UNIVERSITY HOSPITAL · CORNELL UNIVERSITY MEDICAL COLLEGE



Department of
Psychiatry
Division of Child and
Adolescent Psychiatry

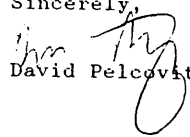
May 4, 1995

Nadia Adbahi
2212 San Gabriel Street #208
Austin, TX 78705

Dear Ms. Adbahi

I am happy to hear that you are thinking of using the instrument described in "Child Abuse as Viewed by Suburban Elementary School Teachers". You have my permission to use this scale in your research, and, of course, to translate it into Arabic. You also have my permission to modify the scale in any way you see fit as dictated by the cultural differences you may encounter in administering this measure to subjects in Bahrain.

Sincerely,


David Pelcovitz, Ph.D

APPENDIX - E

INTRODUCTORY LETTER

Dear teacher,

I am currently doing a research project as part of my master's thesis, to learn what teachers think about child abuse and how they assess causes of child abuse and neglect in their students. Understanding more about child abuse will aid in planning future educational programs for health and educational professionals relevant to child abuse and neglect in Bahrain.

If you agree to participate in the project, I will meet with you and describe the project in detail and answer any questions you have. Then I will give you a confidential questionnaire to fill out and return to me in a sealed envelope. This questionnaire will take approximately 20-30 minutes to complete.

If you want to hear more about this project you do not have to do anything, I will contact you in the next week and explain the study in detail. Then I will give you the questionnaire.

If you do not wish me to contact you, please indicate so in the space provided below and place it in the box provided in your school. Any reports based on this project will not identify individual participants in any way.

I thank you in advance for considering participation in this project.

Sincerely,

Nadia Adbahi
House No. 596
Road No: 1517
Block No: 815
Issa Town
Bahrain
Tel. 623453.

_____ Yes, I am not willing to participate in the study.

Arabic version
رسالة مبدئية

الى المدرسين المحترمين / المدرسات المحترمات

أقوم حاليا بعمل دراسة كجزء من متطلبات الحصول على درجة الماجستير فى التمريض . تهدف هذه الدراسة الى معرفة مفاهيم وآراء مدرسي ومدرسات المرحلة الابتدائية حول سوء معاملة الطفل واهماله . معرفة آراء المدرسين والمدرسات حول هذا الموضوع ستساعد فى وضع برامج تعليمية مستقبلا للعاملين فى الحقل الصحي والتعليمي والتي تبرز أهمية التركيز على سوء معاملة الطفل واهماله فى البحرين.

اذا وافقت على المشاركة فى هذا البحث سأقوم بمقابلتك وشرح موضوع الدراسة لك واجابة أية أسئلة لديك متعلقة بموضوع الدراسة. بعد ذلك سأقوم باعطائك استبيان سري لتجيب عليه وتعيده لي فى مطروف مغلق . الوقت المحتمل للاجابة على هذا الاستبيان سيكون حوالي ٢٠ الى ٣٠ دقيقة .

اذا أردت معرفة المزيد من المعلومات عن هذه الدراسة سأقوم بالاتصال بك بعد أسبوع لاعطائك تفاصيل أكثر عن الدراسة وسأقوم بتسليمك الاستبيان للاجابة عليه .

اذا كنت لا تريد أن أقوم بالاتصال بك الرجاء الاشارة الى ذلك فى المكان المخصص اسفل هذه الورقة. ستكتب نتائج الدراسة على أساس أن جميع المشاركين فى الدراسة مجموعة واحدة ولن يكون هناك وسيلة لربط المعلومات المدونة فى الاستبيان بالأشخاص الذين أدلوا بها .

شكرا على تعاونكم وتجاوبكم .

____ لست راغبا/راغبة فى المشاركة فى هذه الدراسة

المخالصة

نادية أدباهي

رقم المنزل ٥٩٦

طريق ١٥١٧

مجمع ٨١٥

مدينة عيسى البحرين

تليفون ٦٢٣٤٥٣

APPENDIX - F

**Permission for contacting the school teachers
from the Principal Director of Primary Education
(Arabic Written)**



٢٦ ديسمبر ١٩٩٥م

حضرات الأفاضل / مديري ومديرات المدارس الابتدائية المحترمين

تحية طيبة وبعد

ستقوم الباحثة نادية علي ادباهي بعمل دراسة حول " رأي المدرسين والمدارس

البحريين حول سوء معاملة وإهمال الطفل " .

برجاء تسهيل مهمتها .

مع قبول فائق التحيات ،،،،،

محمد العيد
مدير ادارة التعليم الابتدائي

APPENDIX - G

THE UNIVERSITY OF TEXAS AT AUSTIN
Application for the Review of a Project Involving Human Subjects
APPLICATION FOR EXEMPTION

Title of Study: Knowledge and attitudes of child abuse and neglect
among Bahraini Primary School Teachers.

Principal Investigator(s): Nadia Adbahi
(Name - type or print) UT-School of Nursing
(Department) (Tel. No.) 4717311
Faculty Sponsor(s): Shirley Laffrey
(Name - type or print) School of Nursing
(Department) (Tel. No.)

Estimated period of human subject involvement: Starting date: Dec, 95 Ending date: May, 96

Reason for conducting research: Professional ☐ Dissertation ☐ Thesis ☒
Class Assignment ☐ Other ☐ (specify)

Source of funding (if applicable): Self

Criteria for Exemption from IRB review:

A project is exempt if all the research activities belong in one or more of the categories on the attached Exemption Categories list. Exemptions pertain to legal adults in non compromised situations only. Situations which do not qualify for an exemption concern prisoners, pregnant women, fetuses, persons confined in mental hospitals, state schools, nursing homes, or other facilities where the individual's freedom of movement might be restricted. Any research in which the subjects or their legal representatives sign a consent form cannot qualify as exempt and must undergo full board review. Any research in which the subjects are filmed or videotaped cannot qualify as exempt and must undergo full board review. However, some benign studies in which subjects are audiotaped may qualify for exemption. NOTE: Interviews and surveys with children are never exempt. The Institutional Review Board reviews all research involving children.

A cover letter addressed to respondents must accompany any survey or questionnaire. The cover letter must include the following: (Refer also to Consent Form/Cover Letter Checklist - 1 through 16 only.)

1. a statement that the project is research being conducted in partial fulfillment of the requirements for a course, master's thesis, dissertation, etc.
2. purpose of the study,
3. a statement that subjects' responses will be kept anonymous or confidential (explain extent of confidentiality if subjects' names are requested),
4. if audiotaping, a statement that subject is being audiotaped (explain how tapes will be stored or disposed of during and after the study),
5. a statement that subjects do not have to answer every question,
6. a statement that class standing, grades, present or future association with The University of Texas at Austin (or other institution, individual), status on an athletic team, if applicable, will not be affected by refusal to participate or by withdrawal from the study,
7. a statement that participation is voluntary.

ADDENDUM III: Appendix 3

(9/93)

Attached are:

- ☒ synopsis of proposal
- ☒ cover letter
- ☒ questionnaire/survey to be used
- ☒ telephone text (including introductory remarks as in a cover letter—see over)
- ☒ permission from external institution, on their letterhead (if applicable)
- ☒ proposal or selected elements in the case of lengthy documents, e.g., dissertations:
 - a. Problem/statement of purpose/hypotheses and and/or research questions,
 - b. Description of:
 - (1) Population/Sample
 - (2) Variables for which data/measurements/observations will be collected
 - c. Copy of data collection procedures and measurement tools

I have reviewed the above information and fully intend to comply with the letter and spirit of the University's Assurance and policies. I further acknowledge my responsibility to report any significant changes in the protocol and to obtain written approval for these changes, in accordance with the procedures, prior to making these changes.

X

(Signature(s): Principal Investigator(s)/Student(s))

8/29/95
(Date signed)

Indicate the exemption category number claimed under 45 CFR 46.101(b): _____

I have reviewed the above information and recommend this study for exemption:

X

Faculty Sponsor (Signature/Date)

X

DRC Chair (Signature/Date)

X

IRB Chair/Staff (Signature/Date)

RETURN THIS FORM (with original signatures and appropriate attachments) to the Office of Sponsored Projects, Main Building, room 303.

APPENDIX - H

INFORMATION SHEET

Knowledge and Attitudes of Child Abuse and Neglect among Bahraini Primary School Teachers

Dear potential participants,

You are invited to participate in a study to identify teachers knowledge and attitudes about child abuse and neglect. I am a graduate student at The University of Texas at Austin, School of Nursing. As part of my thesis, I will be conducting this study. The purpose of this project is to better understand how teachers view child abuse and neglect. You were randomly selected as a possible participant from a list of primary school teachers in Bahrain. Two hundred fifty teachers will participate in this study.

Your participation is voluntary and you can withdraw at any time. If you decide to participate, you will be asked to complete the attached questionnaire and return it to me in the enclosed envelope. The questionnaire will ask you to provide some background information about yourself (gender, education, etc.) as well as your views about child abuse/neglect and child abuse/neglect reporting. The estimated time required to complete the questionnaire is 20-30 minutes.

Please do not put your name on the questionnaire. A code number will be assigned to each person participating in the study and your name or identifying information will not be on the questionnaire. Your confidentiality will be respected at all times. The purpose of the study will be explained and all your questions will be answered. The list that links your name to a code number will be kept in a locked file and destroyed at the conclusion of the study. Information obtained in this study will be reported as group data only; there will be no way to link individual responses to a particular person. A summary of the findings from this study will be shared with primary school teachers and health care professionals.

Known risks or disadvantages associated with your participation include the investment of time necessary to answer the questions. There will be no cost, reimbursement, nor direct benefit to you from your participation in the study, but the findings may be helpful to you in identifying your own views about child abuse. If any question on this questionnaire makes you uncomfortable, you are free not to answer it. If, after you begin to complete the questionnaire, you decide to not participate, you can withdraw without having to explain why. Your

completing and returning the questionnaire will be taken as evidence of your willingness to participate and your consent to have the information used for the purposes of the study. Whether or not you participate will not be shared with any personnel in your school and will not jeopardize your relationship with your school or with the university in any way.

You may keep this cover letter and explanation about the nature of your participation and the handling of the information you supply.

If you have any questions you may contact me or my thesis supervisor:

Shirley Cloutier Laffrey, PhD, RN.
Thesis Supervisor
The University of Texas at Austin
(512) 471-7311. Ext. 248.

Thank you for your interest in this study. Your time and participation are appreciated.

Sincerely,
Nadia Adbahi
House No: 596
Road No: 1517
Block No: 815
Tel: 623453

Arabic Version

معلومات عن الدراسة

عنوان الدراسة :

مفاهيم وآراء مدرسي ومدرسات المرحلة الابتدائية البحرينية حول سوء معاملة وإهمال الطفل .

أنت مدعو للمشاركة في دراسة لمعرفة مفاهيم وآراء المدرسين والمدرسات حول سوء معاملة وإهمال الطفل . أنا طالبة في جامعة تكساس بأوستن في الولايات المتحدة الأمريكية . سأقوم بهذه الدراسة كجزء من متطلبات الحصول على درجة الماجستير في التمريض . لقد تم اختيارك كمشارك / مشاركة في هذه الدراسة ضمن المجموعة العشوائية التي اختيرت من قائمة مدرسي ومدرسات المرحلة الابتدائية في البحرين . سيكون عدد المشاركين في هذه الدراسة حوالي ١٠٠ مدرس ومدرسة .

مشاركتك في هذه الدراسة ستكون بمحض إرادتك ولك الحق في الانسحاب من الدراسة في أي وقت . إذا قررت المشاركة في هذه الدراسة ستقوم بملء الاستبيان المرفق واعادته لي في مظهر مغلق . يحتوي هذا الاستبيان على أسئلة تتعلق ببعض المعلومات الديمغرافية وكذلك أسئلة تتعلق بمفهومك ورأيك حول سوء معاملة وإهمال الطفل . سيستغرق منك ملء الاستبيان حوالي ٢٠ الى ٣٠ دقيقة . الرجاء عدم كتابة اسمك على الاستبيان سيعطي كل مشارك في هذه الدراسة رقما وذلك لتدوين المعلومات وتحليلها ولن يظهر اسمك على الاستبيان . ستقوم الباحثة بشرح الهدف من الدراسة والاجابة على أية أسئلة لديك . وستحتفظ الباحثة بالقائمة التي تربط المعلومات بالأشخاص في مكان أمين وستمزق هذه القائمة بعد تكملة الدراسة . لا يوجد هناك أخطار أو مساوئ عندما تشترك في هذه الدراسة ما عدا الوقت الذي تقضيه في ملء الاستبيان . كذلك لن يكون هناك تعويض أو فائدة مباشرة من مشاركتك في هذه الدراسة . ولكن ستساعد نتائج هذه الدراسة لمعرفة رأيك حول سوء معاملة وإهمال الطفل . إذا وجدت أي سؤال في الاستبيان لا تريد الاجابة عليه فلك الحق في ذلك . إذا قررت عدم المشاركة في الدراسة بعد ملء الاستبيان فلك الحق في ذلك ايضا بدون شرح الأسباب . ملء الاستبيان واعادته للباحثة يعتبر بمثابة ابداء رغبتك في المشاركة في هذه الدراسة واستعمال المعلومات لتحقيق الهدف من هذه الدراسة .

قرارك بالمشاركة أو عدم المشاركة في هذه الدراسة لن يؤثر على علاقتك بمدرستك أو بالجامعة ولن يكون لأي من العاملين في مدرستك أي علم بذلك .

بإمكانك الاحتفاظ بهذه الرسالة إذا أردت ذلك .

مدون أدناه عناوين وأرقام الباحثة والمشرفة على هذه الدراسة لتسهيل الاتصال ولاعطائك الفرصة لطرح أية أسئلة لديك قبل أو بعد تكملة هذه الدراسة .

نادية أدباهي	أو	شيرلي لافري
منزل ٥٩٦		جامعة تكساس بأوستن
طريق ١٥١٧		تلفون : ٧٣١١ - ٤٧١ (٥١٢)
مجمع ٨١٥		تحويل ٢٤٨
تلفون ٦٢٣٤٥٣		

APPENDIX - I

Statistical Tabulation for each section of the Questionnaire
Section two

Below are some situations which is considered to be defined as child abuse and neglect. Some school teachers agree and others disagree. Please circle the most appropriate definition you consider to be as child abuse and neglect.

- 1= Strongly disagree
2= disagree
3= Neutral or undecided
4= Agree
5= Strongly agree

description of child abuse and neglect		Percentages					Mean	Std. Dev.
		1	2	3	4	5		
1.	Child has received a willfully inflicted physical injury due to a beating by a parent or guardian.	35.0	14.1	2.8	27.1	20.9	2.847	1.625
2.	Child has been injured due to careless child care by parents or guardian.	29.4	22.6	5.1	23.7	19.2	2.808	1.544
3.	Child shows signs of emotional difficulties as a result of lack of emotional stimulation from parent.	23.7	27.7	18.1	20.9	9.6	2.650	1.360
4.	Child has received serious physical injuries due to frequent beating by a parent or guardian.	39.5	9.6	2.3	25.4	23.3	2.831	1.687
5.	Child is having difficulties in schools as a result of lack of sufficient intellectual stimulation from parents.	15.3	34.5	18.1	26.0	5.6	2.722	1.174
6.	Child shows signs of malnutrition, due to willful withholding of food by parents.	29.9	8.5	6.2	27.1	28.2	3.153	1.636
7.	Child shows signs of malnutrition, due to parents' financial inability to purchase proper food.	7.3	30.5	29.4	28.2	4.5	2.921	1.030
8.	Child is struck by parent in course of punishment, but is not injured.	7.3	42.9	19.8	24.3	5.6	2.780	1.072
9.	Child is seriously injured by parent whose intent is mild physical punishment.	11.3	29.4	23.2	26.6	9.6	2.938	1.183

	description of child abuse and neglect	Percentages					Mean	Std. Dev.
		1	2	3	4	5		
10.	Due to inadequate availability of health services in the community, a child does not receive medical care (e.g. Immunizations, regular checkups, etc.).	14.1	13.6	16.4	38.4	17.5	3.316	1.302
11.	Child is injured due to poor conditions of housing.	9.0	28.2	27.2	29.4	5.6	2.944	1.080
12.	Sexual molestation of a child by parent or guardian.	34.5	5.6	6.8	23.2	29.9	3.085	1.695
13.	Physician withholds treatment of a severely handicapped newborn child.	26.6	5.1	13.0	31.6	23.7	3.209	1.532
14.	Child is placed by school officials in a class for the educable mentally retarded when in fact, he has average intelligence.	18.6	16.9	10.2	35.6	18.6	3.186	1.412
15.	Locking a child in a dark room or closet as punishment.	36.2	4.0	2.8	28.2	28.8	3.096	1.711
16.	Not providing adequate precaution to prevent a child's accidental injury (e.g. gates on stairs, putting medicine out of reach, etc.).	23.2	25.4	8.5	26.6	16.4	2.876	1.448

Total Number = 176

Mean = 2.9613

Std. Dev. = 16.0110

Section Three

For the purposes of this question think of "child abuse" as being only instances where a parent has inflicted a PHYSICAL INJURY on a child. Given this definition of abuse, please indicate which factors you believe to be related to child abuse.

For each item encircle the symbol which best indicates how strongly the factor is related to child abuse.

- 1= Always unrelated
- 2= Usually unrelated
- 3= Not sure
- 4= Usually related
- 5= Always related

factors related to child abuse and neglect		Percentages					Mean	Std.
		1	2	3	4	5		
1.	Maturity of parent or caretaker.	41.8	21.5	4.5	17.5	14.7	2.418	1.525
2.	Whether child was wanted by parent or parents.	27.1	38.4	8.5	16.4	9.6	2.429	1.304
3.	Drinking by parents (alcohol).	60.5	27.7	6.8	3.4	1.7	1.582	.889
4.	Family financial status.	16.9	39.5	14.7	16.4	12.4	2.678	1.281
5.	Psychological maladjustment of parent.	36.7	48.0	8.5	5.6	1.1	1.864	.875
6.	Unemployment of parent.	31.1	35.0	15.3	11.3	7.3	2.288	1.225
7.	Parents expectations from the child.	7.3	32.8	39.8	13.0	7.9	2.814	1.019
8.	Parent (s) abused as child	13.6	39.0	19.8	19.8	7.9	2.695	1.167
9.	Child's behavior.	28.8	42.9	12.4	9.6	6.2	2.215	1.148
10.	Isolation of parent (s) from relatives/friends.	10.7	22.0	31.1	23.7	12.4	3.051	1.179
11.	Drug usage by parent(s).	67.8	21.5	4.5	5.1	1.1	1.503	.886
12.	Stress on family.	41.2	47.5	5.6	4.5	1.1	1.768	.838
13.	Single parent family.	14.7	30.5	15.3	26.6	13.0	2.927	1.297
14.	Social class of family.	10.7	22.0	16.9	28.2	22.0	3.288	1.319
15.	Race of family.	9.0	11.9	24.3	32.2	22.6	3.475	1.220
16.	Age of child.	9.0	15.3	16.4	32.8	26.6	3.525	1.280

factors related to child abuse and neglect		Percentages					Mean	Std.
		1	2	3	4	5		
17.	Gender of child.	5.6	15.8	14.7	40.7	23.2	3.599	1.169
18.	Age of abuser.	13.0	30.5	23.2	20.3	13.0	2.898	1.244
19.	Gender of abuser.	7.9	26.0	2.6	22.6	16.9	3.147	1.211
Total Number = 177		Mean = 50.1638		Std.Dev. = 10.9249				

Section Four

The following are cues that may alert the teacher that a child may be abused. For each item encircle the symbol which best indicates how strongly this cue is suggestive of possible abuse.

- 1= Never suggestive
 2= Rarely suggestive.
 3= unsure.
 4= Sometimes suggestive.
 5= Always suggestive

cues to child abuse and neglect		Percentages					Mean	Std.
		1	2	3	4	5		
1.	Child is disruptive in class.	15.8	59.9	5.1	12.4	6.8	2.345	1.097
2.	Child seems afraid of adults.	26.0	48.6	10.7	10.2	4.5	2.186	1.074
3.	Child frequently gets into fights.	20.3	46.9	15.3	13.6	3.4	2.324	1.054
4.	Child is withdrawn.	30.5	34.8	4.5	14.1	5.1	2.175	1.161
5.	Child "clings" to adults, and frequently seeks attention.	14.1	29.4	21.5	24.9	10.2	2.876	1.228
6.	Child is frequently absent.	19.2	34.5	13.0	19.2	14.1	2.746	1.347
7.	Child comes to school early, and leaves late.	15.8	34.5	20.3	13.0	16.4	2.797	1.316
8.	Child is inadequately dressed.	10.2	33.3	17.5	28.2	10.7	2.960	1.208
9.	Child comes to school with unexplained bruises.	41.2	32.2	8.5	14.1	4.0	2.073	1.192
10.	Child is unkempt and dirty.	35.6	36.7	6.2	17.5	4.0	2.175	1.205
11.	Child seems uncommonly hungry	23.7	32.2	13.0	23.2	7.9	2.593	1.290
12.	Child seems uncommonly tired.	23.7	43.5	9.0	19.8	4.0	2.367	1.161
13.	There is an odor of alcohol on the child.	39.0	16.9	16.4	13.6	14.1	2.469	1.470
14.	The child's height and/or weight is quite different from that of peers.	6.2	22.6	15.3	19.8	36.2	3.571	1.343
15.	The child's parents show bizarre behavior in dealings with the school.	24.3	42.4	10.2	16.4	6.8	2.390	1.211

cues to child abuse and neglect		Percentages					Mean	Std.
		1	2	3	4	5		
16.	The child's parents show no interest in school.	19.8	39.5	10.7	24.3	5.6	2.565	1.214
17.	Child's parents are usually abusive to teacher.	19.2	37.3	13.0	21.5	9.0	2.638	1.263
18.	Child seems to be in need of medical attention e.g. needs glasses or dental work.	16.9	28.8	12.4	24.9	16.9	2.960	1.379
Total Number = 176		Mean = 46.1023			Std. Dev. = 11.6281			

Section Five

In the following series of questions, I am interested in learning about your attitudes and opinions about child abuse; and your own responsibilities in dealing with child abuse.

For each statement encircle the appropriate symbol which best represents your level of agreement with the statement.

- 1= Strongly disagree
 2= disagree
 3= Undecided
 4= agree
 5= Strongly agree

Attitudes and responsibility of teacher in dealing with child abuse and neglect		Percentages					Mean	Std. Dev.
		1	2	3	4	5		
1.	Looking for cases of child abuse is part of my job.	31.6	50.3	7.3	10.2	.6	1.977	.923
2.	It is my responsibility to investigate all cases of students in my class (who show signs of physical injury) to determine if they have been abused.	29.4	50.3	9.0	10.2	1.1	2.034	.947
3.	Teachers should be responsible for protecting children in their care, even if it means physically stopping an adult from hurting child.	27.7	36.7	16.9	16.9	1.7	2.282	1.097
4.	If I suspect a case of child abuse of a child in my class, it is my responsibility to report it.	29.9	51.4	9.0	8.5	1.1	1.994	.914
5.	If I suspect a case of child abuse of child in the school who is not in my class, it is my responsibility to report it.	7.3	29.9	28.2	28.2	6.2	2.960	1.063
6.	If I suspect a case of child abuse of a child in my neighborhood, it is my responsibility to report it.	3.4	20.3	32.8	28.8	14.7	3.311	1.060
7.	Generally, teachers overreact to incidents of abuse and embarrass parents with many unwarranted reports.	1.7	2.3	27.7	48.0	20.3	3.831	.836
8.	One can treat child abuse without going through the formal reporting and investigating system.	11.3	36.7	11.9	30.5	9.6	2.904	1.228
9.	The school system has responsibility for providing services to families where child abuse occurred.	19.8	46.3	18.6	13.0	2.3	2.316	1.006

Attitudes and responsibility of teacher in dealing with child abuse and neglect		Percentages					Mean	Std. Dev.
		1	2	3	4	5		
10.	School personnel who report cases of suspected child abuse should not get involved beyond the initial report itself.	10.7	23.7	33.9	26.6	5.1	2.915	1.065
11.	Teachers are responsible for helping children to learn; and their involvement in reporting parents for suspected abuse does not quite seem compatible with educational objectives.	8.5	30.5	26.0	27.7	7.3	2.949	1.104
12.	It would hurt my job if I were to accuse a person of abusing his/her child.	6.8	26.6	27.1	28.8	10.7	3.102	1.118
13.	I am reluctant to pursue the issue of child abuse because it is extremely difficult to gather enough evidence to warrant turning the case over the child proper authorities.	9.0	39.5	27.1	19.8	4.5	2.712	1.029
14.	Child abuse would be eliminated if judges were less lenient with adults who assault children.	6.8	23.2	22.0	35.0	13.0	3.243	1.149
15.	The more I know a family or person, the less likely I am to suspect an injury of a child as being child abuse.	4.5	27.1	27.7	30.5	10.2	3.147	1.072
16.	A mother who is accused of seriously assaulting her children should be temporarily excluded from parent meetings.	7.3	20.3	18.6	36.7	16.4	3.347	1.190
17.	Reporting an abusive parent and abused child to the agency responsible for child abuse will improve the services made available to that family.	19.2	41.8	27.7	8.5	2.3	2.324	.958
18.	Teachers can unwittingly contribute to some child abuse incidents when they only contact the home to report negative behavior of their pupils.	19.8	61.0	7.9	9.6	1.7	2.124	.896
19.	I am reluctant to report a case of child abuse because of what parents will do the child if he is reported.	8.5	37.9	22.6	28.2	2.8	2.791	1.037

Attitudes and responsibility
of teacher in dealling with
child abuse and neglect

		Percentages				Mean	Std. Dev.
		1	2	3	4	5	
20.	I am reluctant to report a case of child abuse because of what the abuser may possibly do to me if my identity becomes known.	3.4	24.3	23.2	39.0	10.2	3.282 1.050
21.	Parents have a right to expect complete obedience from their children.	9.0	28.8	13.0	43.5	5.0	3.079 1.145
22.	Almost anyone could at some time injure a child in his care.	2.3	25.4	14.1	40.7	17.5	3.458 1.118
23.	There were times when I could hardly keep myself from using physical force on a child in my class.	14.7	48.0	8.5	18.1	10.7	2.621 1.242
24.	There were times when I used physical force on a child in my class.	2.3	15.3	9.6	36.2	36.7	3.898 1.129
Total Number = 175		Mean = 65.6629				Std.Dev. = 8.8152	

REFERENCES

Abd Al-Ali, H. (1977). The family structure in Islam. American Trust Publications.

Abrahams, N., Casey, K., & Daro, D. (1989). Teachers confront child abuse: A national survey of teachers' knowledge, attitudes, and beliefs. Chicago, IL: National Committee for Prevention of Child Abuse.

Abrahams, N., Casey, K., & Daro, D. (1992). Teachers' knowledge, attitudes, and beliefs about child abuse and its prevention. Child Abuse and Neglect, 16, 229-238.

AL-Falaij, A., A. (1991). Family conditions, Ego development and sociomoral development in Juvenile delinquency. A study of Bahraini Adolescents. Unpublished Doctoral Dissertation, University of Pittsburgh.

Ali, A. Y. (1979). The Glorious Quran, Text Translation, and Commentary. Plainfield: The American Trust Publications.

AL-Qaysi. (1986). Problems of Arabian Gulf Youths. In follow up Bureau, Council of Ministers of Labor and Social Affairs of the Arab Gulf States (Ed.), Arab youths in the Gulf and their contemporary problems: series of labor and social studies (No. 7). Manama, Bahrain.

Ameen, M. (1983). Study of the status of the Bahraini family social studies services (NO.3). Bahraini Sociological Sociological society, Manama, Bahrain: Government Press.

Bavolek, S. (1983). Why aren't school personnel reporting child abuse in Wisconsin?. Teacher Education and Special Education, 6, 33-38.

Bensel, R. & Berdie, J. (1976). The neglect and abuse of children and youth: The scope of the problem and the school's role. Journal of School Health, 46 (10), 453-461.

Broadhurst, D. (1974). What schools are doing about child abuse and neglect, Children today, 7, 22-25.

Browne, A. & Finkelhor, D. (1986). Impact of child sexual abuse: A review of the literature, Psychological Bulletin, 99, (1), 66-77.

Buzaboob, B., Y. (1986). A study of psychological and environmental factors associated with delinquency in Bahrain. Unpublished Dissertation, University of Wales, GP.

Central Statistics Organization, Directorate of Statistics. (1993). Statistical Abstract, State of Bahrain.

Child Abuse Prevention and Treatment Act. (1974). P.L. 93-249.

Clark and Clark. (1989). The encyclopedia of child abuse. New York.

Cohen, A. (1983). Approach to preventing child abuse. Chicago IL: National Committee for Prevention of Child Abuse.

Coons, M. (1986). Psychiatric problems associated with child abuse: A review in J.J. Jacobsen (Ed.). Psychiatric sequelae of child abuse. Springfield, IL.: Charles C. Thomas.

DeMause, L. (1975). The history of childhood. New York: The Psychohistory Press.

De Paul, J., & Arruabarrena, M., I. (1995). Behavior problems in school aged physically abused and neglected children in Spain. Child Abuse and Neglect, 19, (4), 409-818.

Department of Health and Human Services. Administration for Children and Families. (1995). A nation's shame: fatal child abuse and neglect in the United States. Fifth report U.S. Advisory Board on child Abuse and Neglect.

Dunn, G. M. (1990). Effects of characteristics of abused children, abusers, and psychologists on psychologists stated willingness to report child abuse. Dissertation Abstracts International, 51 (11-B) (No. DA7033496).

Einsel, C. (1992). An examination of teachers and counselors' knowledge and attitudes concerning child abuse in a selected Florida school district, Unpublished Dissertation, Kansas State University.

Erickson, E., L., McEvoy, A., W., & Collucci, N., D. (1979). Child Abuse and Neglect : A Guidebook for Educators and Community Leaders. Learning Publications, Inc.: Holmes Beach, Florida.

Fairorth, L.W. (1982). Child abuse and the school. Palo Alto, CA: R&E Research Association.

Faller, K., C. (1981). Social Work with Abused and Neglected Children. New York. The Free Press.

Fead, A., K. (1985). The child abuse crisis: impact on the schools. A special report from Capital Publications, Capital Publications Inc.: Arlington, Virginia.

Finkelhaor, D. (1990). Early and long term effects of child sexual abuse: An update. Professional Psychology: Research and Practice, 2, (15), 325-330.

Firestone, L. (1987). Teacher's knowledge and attitudes about child abuse and neglect: A case study. Dissertation Abstracts International, 48 (04A), 786 (No. DA8715209).

Fraser, G. (1977). The educator and child abuse. National Committee for prevention of child abuse . Washington, D.C.: Education Commission of the States.

Gelles, R., J. (1973). Child abuse as psycho-pathology: A sociological critique and reformation. American Journal of Orthopsychiatry, 43, 611-622.

Gelles, R., J. (1975). The social construction of child abuse. American Journal of Orthopsychiatry, 45, 363-371.

Gelles, R., J., Straus, M., A. (1987). Is violence toward children increasing? Journal of Interpersonal Violence, 3, 212-222.

Gil, D. G. (1970). Violence against children. Cambridge, MA: Harvard University Press.

Ginsberg, L. (1992). Social work almanac. Washington, DC: NASW.

Haase, C.C. & Kempe, R.S. (1990). The school and protective services. Education and Urban Society, 22, (3), 258-269.

Haj-Yahia, M., M. & Shor, R. (1995). Child maltreatment as perceived by Arab students of social science in the west bank. Child Abuse and Neglect, 19, (10), 1209-1219.

Haussecker, W., E. (1994). Teachers knowledge, attitudes, and beliefs of child abuse and its prevention. Thesis, the University of Texas at Arlington.

Hazzard, A. & Rupp, G. (1986). A note on the knowledge and Attitudes of Professional Groups Toward Child Abuse. Journal of community Psychology, 14, 219-223.

Helge, D. (1992). Child sexual abuse in America: A call for school and community Action. (Available from: Western Washington University, National Rural Development Institute, Bellingham, WA 98225).

Ismael, M., I. (1984). Youths social problems in the Arab Gulf States and the changing circumstances. Sixth meeting for Arab Gulf States, Baghdad, Iraq.

Jayaratne, Srinkia. (1977). Child abuse as parents and children: A review social worker. Journal of the National Association of Social Workers, 22, 5-9.

Kempe, H.C. (1962). The battered child syndrome Journal of American Medical Association, 7, 17-24.

Leavitt, J.E. (1983). Child Abuse and Neglect: Research and Innovation. Canada: Klumer Boston.

Levin, P. (1983). Teachers' perceptions, attitudes and reporting of child abuse and neglect. Child Welfare, LXII (1), 15-19.

Mackellar, F., L. & Yanagishita, M. (1995). Homicide in the United States: who is at risk?, (21), Washington, DC: Population Reference Bureau.

Manley-Casimir M., E., & Newman, B. (1975). Child abuse and the school. Children Today, 17-19.

Marzek, P. B. (1980). The child psychiatric examination of the sexually abused child. In P. B. Marzek & Kemp (Eds), Sexually abused children and their families. New York: Pergamon.

Mayers, M. (1988). School psychologists' attitudes toward reporting child abuse. Unpublished dissertation: Pace University.

McIntyre, T. (1987). Teacher awareness of child abuse and neglect. Child Abuse and Neglect, (1), 33-35.

McCurdy, K., & Daro, D. (1994). Current trends in child abuse reporting and fatalities: The results of the 1993 Annual Fifty State Survey. Chicago, IL: National Committee to Prevent Child Abuse.

McGaha, J., E. & Leoni, E., L. (1995). Family violence, abuse, and related family issues of incarcerated delinquents with alcoholic parents compared to those with nonalcoholic parents. Adolescence, 30, (118), 473-482.

Meyers, M.C. (1990). School psychologists' attitudes towards reporting child abuse. Dissertation Abstracts International, 51, (6B), 3187 (NO. DA9030837).

Ministry of Health. (1993). Health Statistics. State of Bahrain.

Ministry of Health, Health Centers Directorate, Maternal and Child Health Services. (1995). Guidelines for Dealing With Child Abuse in the Primary Health Care, State of Bahrain.

Mufi, I. (1990). Rights of the child in the Arab world. Journal of Arab Affairs, 9, (1), 42-60.

Nelson, B. J. (1984). Making an Issue of Child Abuse. The University of Chicago Press: Chicago.

Ney, P., Fung, J. & Wickette, A. (1992). Causes of child abuse and neglect. Canadian Journal of Psychiatry, 37, (6), 101-105.

Oxford concise medical dictionary. (1989). Oxford University Press.

Pelcovitz, D. (1977). Child abuse as viewed by suburban elementary school teachers. Dissertation Abstracts International, 38 (8-A), 4694 (University microfilm No. 77320239).

Pelton, L., H. (1989). Reasons of Poverty. New York: Praeger.

Powell, M., B. (1991). Investigating and report child sexual abuse: Review and recommendations for clinical practice. Australian Psychologists, 26, (2), 77-83.

Redbill, S.X. (1980). Children in a world of violence. In C.H. Kempe & R.E. Halfer (ed.), The battered child (3rd ed., pp. 3-20). Chicago: The University of Chicago Press.

Reinger, Robinson, E. & McHugh, M. (1993). Mandated training of professional: A mean for improving reporting of suspected child abuse, Child Abuse and Neglect, 19, (1), 63-69.

Reinger, Robinson, E. & McHugh, M. (1995). Mandated training of professional: A mean for improving reporting of suspected child abuse, Child Abuse and Neglect, 19, (1), 63-69.

Riggs and Evans. (1970). Knowledge and beliefs about child abuse among elementary educators. Dissertation Abstracts International, Kansas University.

Romano, N. (1989). A future with health minds and bodies: A call to abolish corporal punishment in schools, Chicago: National Committee for Prevention of Child Abuse.

Schulman, Ronca, & Bucuvalas. (1990). Public attitudes and actions regarding child abuse and its prevention. Chicago, IL: National Committee for Prevention of Child Abuse.

Shoop, R.J. & Firestone, L. M. (1988). Mandatory reporting of suspected child abuse: Do teachers obey the law? West's Educational Law Reporter, 46, 1115-1122.

Sponberg, J. L. (1989). Elementary teachers' perceptions of severity ratings and the decisions to report child maltreatment. Unpublished doctoral dissertation, George Mason University, Fairfax, Virginia.

SPSS for windows/6.0: System Syntax Reference Guide.(1993). Chicago: SPSS Inc.

State of Bahrain Council of Ministers, Central Statistics Organization. (1988). Statistical Abstracts, Bahrain.

Texas Department of Protective and Regulatory Services. (1995). Legislative data book, Austin, Texas.

Tite, R. (1993). How teachers define and respond to child abuse: The distinction between theoretical and reportable cases. Child Abuse and Neglect, (17), 591-603.

Tower, C. (1984). Child abuse and neglect: A teachers handbook for detection, reporting, and classroom management. Washington, D. C.: National Education Assoc.

Tower, C. (1996). Understanding child abuse and neglect. (3rd ed.). Boston: Allyn and Bacon.

U.S. Department of Health and Human Services. (1992). A coordinated Response to Child Abuse and Neglect: A Basic Manual. Administration on children, youths and families, National Center on Child Abuse and Neglect.

U.S. Department of Health and Human Services. (1995). A Nation's Shame: Fatal Child Abuse and Neglect in the United States. Executive Summary, A report of the U.S. Advisory Board on Child Abuse and Neglect.

Volpe & Richard. (1984). "A psycho-educational program dealing with child abuse for elementary school children. Child Abuse and Neglect, 8, 511-517.

Webster Dictionary (1981). Springfield, U.S.A.

Zellman, G. (1990). Child abuse reporting and failure to report among reporters: Journal of Interpersonal violence, 5, (1), 3-22.

Zellman, G. (1990). "linking schools and social services: The case of child abuse reporting". Educational Evaluation and Policy Analysis, Spring.

Yacoub, I., Khalfan, S., Naseeb, T., Hafadh, N., Mattar, I., AL-Nasar, Y., Radhi, L., Farid, S. (1992). Bahrain Child Health Survey, 1989, State of Bahrain, Ministry of Health.

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