Pattern and Prevalence of Physical and Psychological Child Abuse Among Preparatory and Secondary School Students in Hafar Al-Batin: A Community-Based Survey

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ABSTRACT:

Background: Child abuse is a major public health and social issue globally which has many harmful physical and mental impacts. There is not much information available about its prevalence among children attending school in Saudi Arabia and even less in community-based locations.

Objectives of the study: To identify the pattern and frequency of child abuse amongst preparatory and secondary school children in the city of Hafar Al-Batin, Saudi Arabia, in terms of physical and psychological abuse. The method used was prospective, cross-sectional, and community based, which included 320 students aged 11-17 from seven preparatory and secondary schools in the city of Hafar Al-Batin, from May to June 2025. The participants were asked to fill out the Child Abuse Self-Report Scale (CASRS), the Spence Children's Anxiety Scale (SCAS), and the Patient Health Questionnaire for Adolescents (PHQ-A). Demographic data was also obtained. Data was statistically analysed in SPSS version 25 with $p \leq 0.05$ as the level of significance.

Results: The most frequent findings were of physical and psychological child abuse amongst the students taking part. There were significant differences in the abuse scores between education groups and between males and females. Higher child maltreatment scores correlated with increased anxiety and depressive symptoms.Increased child maltreatment scores were correlated to increased rates of child maltreatment.

The conclusions are: Child abuse is a serious problem in the children of preparatory and secondary schools in Hafar Al-Batin. Early identification of at-risk children (screening in school and health care) and preventive practices and multi-disciplinary collaboration are the best tools to minimize abuse and its psychological impact.

Keywords: Child abuse; Physical abuse; Psychological abuse; Adolescents; Anxiety; Depression; Saudi Arabia; Hafar Al-Batin; School students.

Introduction

Child abuse, as defined by the World Health Organization, refers to the deliberate abuse and neglect of children who are below the age of 18 (*Van Berkel et al., 2020*). This can encompass several types of abuse including physical, sexual, emotional or psychological abuse, as well as neglect. Each type of abuse can have long-lasting effects on a child's physical and mental health *(Smith, 2023)*. Child abuse is a matter of great social and public health concern in several nations, resulting in significant immediate and long-lasting consequences (*Mathews et al., 2020*).

Global prevalence rates of child abuse were estimated to be 226 per 1000 of child for physical abuse, 184 per 1000 of child for emotional neglect ,163 per 1000 of child for physical neglect, 127 per 1000 of child for sexual abuse, and 36 per 1000 of child for emotional abuse (*Brunton, 2023*).

Child abuse is a serious issue in Saudi Arabia. A systematic review of 15 studies conducted between 1998 and 2016 revealed various prevalence rates of different types of child abuse. Physical abuse ranged from 13-92% of participants, emotional abuse ranged from 12.3-22.8% while sexual abuse ranged from 15.4-33.3% *(Alsehaimi et al., 2019)*.

Child abuse is criminalized in many countries around the world, with laws in place to protect children from various forms of abuse. International organizations like United Nations International Children's Emergency Fund (UNICEF) and the World Health Organization (WHO) combat violence against children and promote their rights globally. For instance, the Global Annual Results Report 2021 by UNICEF highlights efforts to protect children from violence, while the Global Status Report on Violence Against Children 2020 by WHO provides a comprehensive overview of the issue *(Smith, 2023)*.

Saudi Arabia has taken significant steps to criminalize child abuse and protect children's rights *(Aleissa et al., 2022)*. The Child Protection Law, enacted in 2014, outlines various forms of abuse and neglect, including physical, psychological, and sexual abuse. The law mandates strict penalties for those found guilty of child abuse, including imprisonment and fines *(Alkhattabi et al., 2024)*.

Screening tools for child abuse have been developed using self-reported abuse by parents or children, while others depend on objective findings from imaging tests (*Flom et al., 2016*) or on analysis of physical and medical history (*Berger et al., 2016*).

In addition, community evaluations of child abuse mostly depend on parental comments, parental conduct, childcare experiences and direct observations to evaluate the condition of a kid and the domestic setting. A highly effective screening method can help healthcare professionals accurately detect possible instances of child abuse (*van der Put et al., 2017*).

A comprehensive screening tool that encompasses both risk factors and identification requirements of child abuse will empower healthcare professionals to accurately detect instances of child abuse, therefore alleviating the need for subjective judgment and assessment and minimizing the likelihood of neglecting such cases. Moreover, the timely identification of child abuse will enable the delivery of suitable support, deter additional abuse, and mitigate enduring adverse consequences (*Alazri and Hanna, 2020*).

Parental information is vital in understanding child abuse, as various factors related to parents can contribute to both the risk of abuse and the overall well-being of the child. Parents who experienced abuse as children are more likely to exhibit abusive behaviors toward their own children due to learned behaviors and trauma *(Greene et al., 2020)*. Parents with substance abuse

issues may have impaired judgment and difficulty managing stress, increasing the risk of abuse or neglect *(Hayes-Grudo et al., 2021)*. Conditions such as depression, anxiety, or personality disorders can affect parental behavior and capacity to care for a child properly *(Smith and Mazure, 2021)*.

Aim of the Work

This study aimed at identifying the pattern and prevalence of child abuse (physical and psychological) among preparatory and secondary school students in Hafer Albatin city.

Methods

The study adopted a prospective cross-sectional design with 320 preparatory and secondary school students aged 11–17 years who were recruited from seven schools in Hafar Al-Batin, Saudi Arabia during May and June 2025. A structured demographic questionnaire was used to gather data, as well as the Child Abuse Self-Report Scale (CASRS) to measure psychological abuse, physical abuse, and physical neglect, the Spence Children's Anxiety Scale (SCAS-Child) to measure anxiety, and the PHQ-A to assess depressive symptoms. Ethical approval and administrative permissions were secured and informed consent from legal guardians was obtained and participant confidentiality was maintained. The SPSS 25 software was used to analyze the data. Descriptive data was obtained and inferential data was obtained by using Chi-square test, Mann–Whitney test, and Spearman correlation tests. A p value of ≤ 0.05 was considered significant.

Discussion

Child Abuse – an overview.

Child abuse refers to any act or omission by a parent, carer or any other person with responsibility for the care of a child which is likely to cause harm to the child, whether or not harm has actually occurred, including physical, emotional, psychological and sexual abuse, and neglect or exploitation (Brunton, 2023). It has shifted from the violence component of the concept to include all forms of maltreatment that could affect the health, development, dignity and well-being of a child, including neglect, which is the most prevalent form of abuse (Brunton 2024; Massullo et al. 2023; Tolliver et al. 2023). Child abuse is a serious public health problem, impacting up to one billion children every year—significant variation in rates across the region and underreporting are common problems. Globally, physical abuse and neglect are the most common forms of abuse, with physical abuse and supervisory neglect being most common in Saudi Arabia (Massullo et al., 2023; Mathews et al., 2020; Ditzer et al., 2023; AlFarhan et al., 2022). Social isolation, poverty, unemployment, exposure to domestic violence, child and parent disability, mental illness, and substance abuse pose multiple risk factors for the occurrence of child abuse while supportive family relationships and community resources act as protective factors (Zeanah and Humphreys, 2018; Austin et al., 2021; Junco-Guerrero et al., 2025; AlFarhan et al., 2022). Child abuse can manifest itself in a variety of ways, including physical, emotional, psychological, sexual abuse or neglect, and each type has immediate and long-term consequences for children's physical health, psychological well being, cognitive development and social functioning. The symptoms of physical abuse are typically injuries that might be indicative of NATA, emotional and psychological abuse involves ongoing manipulation or intimidation, sexual abuse can be either contact or non-contact, neglect is when someone fails to provide adequate physical, emotional, educational, medical or supervisory care (Brunton, 2023; Mathews et al., 2021; Bennett and Christian, 2021; Xiao et al., 2021; Dai and Kissoon, 2025).

Digital Abuse and Online Exploitation of Children.

Although digital and online abuse is not necessarily considered one of the four categories of child abuse, it is a new form of abuse that is emerging as a threat to children around the world. Digital and online abuse encompasses a wide variety of negative and harmful uses of technology, such as cyberbullying, online grooming, sextortion, doxing, and unauthorized sharing of intimate material (Gupta, 2025).

These behaviors can come from strangers, peers, or even from within the family, and can happen on digital spaces and platforms that children think are safe, like social media, messaging apps, games, and educational spaces and platforms. Digital and online abuse is covert and the anonymity and reach of online platforms makes detection, intervention and prevention particularly challenging (Gupta, 2025).

Online exploitation is a specific type of digital abuse, which includes manipulation and the coercion of children into sexual activity or sexually explicit content being produced. The perpetrators might rely on threats, deception or financial incentives to obtain compliance, sometimes with the use of encrypted platforms and transnational networks. Exploitation can be live streamed or recorded without the child knowing or consenting, and can cause long-term harm to the child's mental health and reputation (Caffo et al., 2021a).

Children and adolescents are particularly vulnerable because of their neuro-developmental immaturity which results in a limited ability to evaluate risk, control impulses and comprehend the long-term consequences. Children who have been the victims of disrupted attachment, trauma and have limited digital literacy are at higher risk. The algorithmic exposure to unsuitable content and the acceptance of risky behaviors in online subcultures only worsen these vulnerabilities (Gupta, 2025).

There are a number of behavioural and emotional warning signs that clinicians should be aware of that could indicate digital abuse or digital exploitation. Such symptoms encompass sudden mood or behaviour changes, sleeping changes, somatic complaints, not wanting to use devices, spending too much time on the device, and secretive or avoidant behaviour when using the device (Caffo et al., 2021b).

Children may also have shame, guilt or fear about digital interactions and may not be forthcoming with disclosures because of embarrassed or fear of repercussions. In trauma-informed care, these signs need to be understood in the context of the child's developmental history and social context (Caffo et al., 2021b).

Epidemiological data indicate that as many as 1 in 5 children could experience some type of digital abuse before they turn adult, with a higher proportion of girls and children with disabilities. There are differences in the world: There are no strong regulatory frameworks, digital literacy programs, and reporting systems in low-income and middle-income countries. Shame, fear of punishment and cultural taboos around sexuality and victimisation (Fry et al., 2025) are significant factors impacting underreporting, which are barriers to intervention.

Identification indicators and red flags of child abuse.

Signs of child abuse should not be looked for in isolation—signs, symptoms, and/or behaviors can be subtle and can be mistaken for other psychosocial conditions. Behavioral signs are regression, decline in academic performance, hypervigilance, self-destructive behavior, substance abuse, and inappropriate sexual behaviors. Physical signs are unexplained bruises, burns, fractures, genital injuries, poor hygiene, unprotected medical conditions and failure to thrive.

Contextual clues may be caregiver explanations that are inconsistent, delayed medical care, school absenteeism, fear of going home, and environmental factors like domestic violence, substance abuse, and poverty. Developmental and cultural contexts should always be taken into account when interpreting and assessing. False positive and negative findings are minimized by assessing using information from educators, health care providers and social workers, and being trauma-informed (Tamon et al., 2025; Adebayo and Adeoye, 2024; Moolla et al., 2021; Lee et al., 2021).

SCREENING TOOLS FOR CHILD ABUSE

Screening tools aim to identify children who are at risk of physical, emotional, sexual abuse and neglect, but are not diagnostic tools (Chia-Jung et al., 2022). Common caregiver-based assessments

include the Child Abuse Potential Inventory and the Parent-Child Conflict Tactics Scale, and child self-report is commonly assessed with the ISPCAN Child Abuse Screening Tool, which has been shown to have cross-cultural validity (Milner et al., 2025; Chia-Jung et al., 2022; Pavone et al., 2022). Other ACEs screening tools used in healthcare include Pediatric ACEs Screener and Bright Futures Pediatric Intake Form, and for suspected sexual abuse, the Pediatric Intake Form may include the Child Sexual Behavior Inventory and Trauma Symptom Checklist for Children (Pavone et al., 2022;

Slavin et al., 2025). Austin et al (2024) noted that observational tools, such as the Signs of Safety Framework and Safety Assessment Family Evaluation Tool, help child protection practitioners to complete risk assessments and decide on interventions. Although the screening tools are valid and useful, there are also some limitations such as false positive or negative results, limited validation in certain populations, and implementation issues that must be taken into account, as screening tools must always be used together with clinical judgment, multidisciplinary team collaboration and trauma-informed assessment (Chia-Jung et al., 2022).

The role of forensic medicine.

Forensic medicine has a pivotal role in identifying hidden cases of child abuse through special assessment of physical injuries, evidence of sexual abuse, developmental abnormalities and findings of neglect, and differentiate accidental and non-accidental injuries (Kotsiubynska et al., 2024). In addition to diagnosis, forensic documentation is crucial for judicial proceedings, child protection decisions, and the prosecution of offenders, and is used by court to interpret injury characteristics (Mallett and Schall, 2019).

Child protection is a multi-disciplinary issue that requires pediatricians, social workers, law enforcement, and child protection agencies to work cooperatively, collaboratively, and effectively to detect abuse early, to intervene promptly, and to provide trauma-informed care and abuse recognition and reporting training.

Indicators and red flags of child abuse

To identify child abuse it is important to look for a combination of behavioral, physical and contextual signs and symptoms, not just one because signs may be subtle and may exist along with other developmental conditions or psychosocial conditions (Tamon et al., 2025). Behavioural: regression, academic decline, hypervigilance, self-harm, substance use, eating disorders, inappropriate sexual behaviours; physical: unexplained bruises/burns, fractures, genital injuries, poor hygiene, untreated medical conditions, failure to thrive (Adebayo and Adeoye, 2024; Moolla et al., 2021). Suspicions are heightened by such child-rearing practices as mixed messages from caregivers, delayed medical attention, missed school, reluctance to go home, family violence, drug and alcohol abuse and living in poor economic conditions. Assessment should be trauma-informed, developmentally appropriate, culturally responsive, and based on information from health care providers, educators and social workers to reduce the number of false-positive and false-negative findings (Lee et al., 2021; Adebayo and Adeoye, 2024).

SCREENING TOOLS FOR CHILD ABUSE

Child abuse screening tools are intended to help to identify children who are at risk of child abuse and neglect, not make a diagnosis (Chia-Jung et al., 2022). Common assessments used include the Child Abuse Potential Inventory and Parent-Child Conflict Tactics Scale for caregivers; the ISPCAN Child Abuse Screening Tool for children's self-report; and pediatric ACEs screening tools in health care settings (Milner et al., 2025; Chia-Jung et al., 2022; Pavone et al., 2022). Other instruments include Child Sexual Behavior Inventory, Trauma Symptom Checklist for Children, Signs of Safety Framework, and Safety Assessment Family Evaluation Tool, which can be used to assess sexual abuse, trauma symptoms, and family risk (Slavin et al., 2025; Austin et al., 2024). While these tools were found to be useful, they have limitations including false positives and false negatives, low levels of

validation in certain populations, and implementation challenges and should always be used in addition to clinical judgment and multidisciplinary trauma-informed assessment (Chia-Jung et al., 2022).

ROLE OF FORENSIC MEDICINE

In addition, forensic medicine is crucial when evaluating physical injuries, evidence of sexual assault, signs of neglect and developmental abnormalities to identify and document child abuse, as well as to differentiate between accidental and non-accidental injuries (Kotsiubynska et al., 2024). It is important to collect its findings for medico-legal purposes for judicial processes, child protection and/or prosecution of offenders; expert testimony for characterising the nature of injuries (Mallett and Schall, 2019). Multidisciplinary working is essential to effective forensic practice, as it supports early identification, intervention and trauma-informed care for children (Mallett and Schall, 2019).

Consequences of Child Abuse

The long term physical, psychological, cognitive, and social effects of child abuse differ depending on the severity and extent of abuse, protective relationships, and treatment. These can be minimised and resilience can be fostered through early intervention and trauma informed care (Brunton, 2023) (Figure 1). Acute injuries, impaired brain development, anxiety and depression, PSTD, behavioral problems, poor academic performance, impaired interpersonal relationships, chronic medical illnesses, substance abuse, and increased risk of social dysfunction and suicide in adulthood are possible outcomes of abuse (Rokach and Clayton, 2023; Lansford et al., 2021; Gama et al., 2021; Dye, 2020; Ferragut et al., 2021; Almuneef, 2021; Ferragut et al., 2022; Lippard and Nemeroff, 2023; Avdibegović and Brkić, 2020; Carr et al., 2020).

LEGAL REGULATION

Child abuse is governed by international conventions and national legislation criminalizing abuse, by mandatory reporting and by child protection and rehabilitation (Mathews et al., 2022; Parti and Szabó, 2024). The legal ground for child protection is provided internationally through the United Nations Convention on the Rights of the Child, WHO guidelines, ILO conventions and regional human rights frameworks (VLAŠKOVIĆ, 2024; Parti and Szabó, 2024). The Child Protection Law and its Executive Regulations in Saudi Arabia prohibit all forms of abuse, require professionals to report any suspected cases of child abuse, and empower the Ministry of Human Resources and Social Development to investigate, protect the child, and coordinate legal actions and protect children's rights during the legal process (AlShalhoub et al., 2023; Alkhattabi et al., 2024; Abobaker, 2024; AlFarhan et al., 2022).

Child abuse is best prevented if it is detected early.

Coordinated efforts between health, education and social care systems are key to early identification. Physical injuries, neglect, developmental abnormalities and behavioural warning signs are recognised by healthcare providers as part of routine care and are also picked up by schools through ongoing observation, including but not limited to when an academic decline is observed, attendance becomes irregular, behavioural changes are noted, and when injuries occur without explanation (Moolla et al., 2021; Röders et al., 2024; Mullen, 2023; Loveday et al., 2022). Social workers support these practices by evaluating the family environment, affirming disclosures, facilitating multidisciplinary interventions, and engaging in community support programs to address underlying risk factors (Sedlak et al., 2022; Daley et al., 2025).

PREVENTION OF CHILD ABUSE

Education continues to be the key to preventing child abuse, teaching body safety, emotional awareness, positive parenting and early help-seeking. Professional training enhances early detection, trauma-informed care and mandatory reporting and public education campaigns help to lower the stigma attached to child protection and increase the community's responsibility for child

protection (Toth and Manly, 2019; Knack et al., 2019).

Identifying child abuse and neglect.

The signs and symptoms of child abuse are not easily recognizable, as they can be the result of an accident, psychological abnormalities, family stress, or cultural differences, and limited professional training makes diagnosis difficult (Fluke et al., 2021; Schulz, 2024). The fear, shame, developmental immaturity and loyalty to perpetrators, intimidation, communication difficulties, disability and poor interviewing skills of professionals are also barriers to disclosure (Toth and Manly, 2019; Fluke et al., 2021).

Identifying, reporting, and taking action to prevent child abuse.

A multidisciplinary, trauma-informed approach is needed that brings together medical, psychological, legal, and social interventions to address child abuse. The first step in caring for a child is to protect him and/or her, assess his/her medical condition, document it for forensic purposes, and refer him or her to child protection authorities, followed by psychological treatment, and actions to ensure that the child is cared for in a way that is appropriate for his or her needs, including mandatory reporting and judicial procedures that are child-sensitive (Brunton, 2023; Bennett and Christian, 2021; Smith, 2023; Bah, 2022). To secure the recovery, re-victimisation prevention, and successful reintegration of a child, social support, family assessment, alternative care where needed, long-term follow-up, prevention strategies, professional training, and interagency collaboration are all vital (Paul et al., 2021; Smith, 2023; Brunton, 2023; Olié et al., 2023).

Issues and ethical concerns.

Child abuse poses significant ethical and practical issues concerning early detection, correct reporting, confidentiality and protection of the child's rights. Healthcare professionals, educators and social workers have a responsibility to the child, to confidentiality and to not making the assessments and interventions cause further psychological harm. Problems related to underreporting, fear of disclosure, cultural issues, inadequate professional training, and a lack of resources can make recognition and intervention delayed. So, ethical management should involve collaboration among disciplines, trauma-informed practice, accurate documentation, child dignity and respect, and legal and professional responsibilities.

Conclusion

Child abuse is a significant public health and social problem with significant physical, psychological, cognitive and social implications that can last a lifetime. The importance of early recognition, screening, multi-disciplinary collaboration, forensic evaluation, and care that is trauma-informed, to enhance outcomes and protect the children affected. Improving the effectiveness of prevention strategies, enhancing professional education, legal protection and collaboration between health, education and social services are essential to minimizing the impact of child abuse and protecting children's safety, well-being, and healthy development.

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