

THE EFFECT OF AN EDUCATION PROGRAM ON RECOGNIZING CHILD ABUSE AND NEGLECT IN TURKEY

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Abstract

PURPOSE: This study was conducted to compare the pre- and post-training knowledge and approaches of the nursing students on child abuse and neglect.

DESIGN AND METHODS: This quasi-experimental study was conducted with 55 students studying in the nursing department of a university.

RESULTS AND DISCUSSIONS: The results of the study showed that “awareness training” was an effective program for increasing awareness of child abuse and neglect prevention.

CONCLUSIONS: The results of our study show that nursing students have inadequate knowledge and awareness of child abuse and neglect as well as wrong attitudes and behaviors. It is observed that education significantly increases the level of knowledge of nurses about child neglect and abuse.

KEYWORDS: child abuse and neglect, university student, education.

1. INTRODUCTION

Child abuse and neglect (CA&N) is a major public health and social problem, with potentially devastating consequences [1,2,3]. Although there is considerable variation between countries and studies in the reported prevalence of child maltreatment, children are generally recognized as a particularly vulnerable population that needs to be protected from abuse or neglect by parents or other adult perpetrators [4,5].

In the world, an estimated 1 billion children are victims of violence each year [6]. Unfortunately, it is widely recognized that these statistics represent a significant underestimation of the prevalence of childhood maltreatment, as the majority of abuse and neglect goes unreported. The World Health Organization (WHO) defines child maltreatment as “all forms of physical and emotional abuse, sexual abuse, neglect and exploitation that result in actual or potential harm to the child’s health, development or dignity. Neglect, physical, psychological and sexual abuse are the four main types of abuse. Neglect is the persistent failure to meet a child’s basic needs and is the most common form of child abuse [7].

Experiencing neglect and abuse is obviously stressful and painful for the child [8,9,10,11,12,13]. But do we nurses know exactly what neglect and abuse are? Would most of us be able to distinguish parental behaviour that may be impatient, insensitive, or too lax from that which is abusive? Do we know the conditions under which abuse occurs or the extent of the associated psychological damage in adulthood?

Nurses have important ethical, moral, and legal responsibilities regarding the prevention, diagnosis, and treatment of CA&N, which should be addressed with a multidisciplinary approach. The nurse is in a key position with the ability to be the first member of the profession to encounter the child and family in both protective, therapeutic, and rehabilitative settings [14,15,16,17,18].

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Primary nursing interventions to prevent CA&N are ensuring the community awareness of abuse and prevention of abuse. Supportive approaches to parents should be developed. During home visits, caregivers can initially assess the family for risks and support them in identifying and resolving problems. Risks can be identified by assessing the family for characteristics such as unintended pregnancy, births out of wedlock, young parenting, parental mental health and disability in the antenatal and postnatal period, and support visits can be made to families at high risk. These visits can identify the needs of families and develop appropriate initiatives. For example, child rearing programs could be offered to young parents [15,19,20,21,22].

Secondary initiatives, early recognition of current neglect and abuse, to evaluate the child's reactions, approach to the family after abuse, in the future. It includes the protection of the child and his siblings against possible abuse [23].

Tertiary interventions involve minimizing the effects of abuse on the child such as controlling and recording their physical and emotional responses, quick recognition, initiating cooperation with other members of the team, detecting psychosocial factors and include nursing interventions to increase self-esteem. Providing the child with a suitable environment for talking and therapeutic play are other nursing interventions [24,25].

Nurses are often among the first professionals to recognize that infants and young children are at risk of abuse [15,26,27,28]. Nursing initiatives to prevent CA&N are aimed at raising awareness of neglect and abuse in society and among members of the profession, early identification of current neglect and abuse, assessment of the abused child's responses, approaching the family after the abuse, protecting the child and siblings from possible future abuse, and monitoring and recording the child's physical and emotional responses, recognizing quickly, initiating collaboration with other members of the team, identifying psychosocial factors, and incorporating nursing interventions to increase self-esteem. [15,26,27,28,29]. Providing a suitable environment in which the child can feel safe, supporting speech and thinking and therapeutic plays are other nursing interventions. Nurses are an important member of the team as they are always available

in case of emergency. Most of the time, the individuals who are affected by abuse and neglect are the first to get to the materials that will be used as evidence [15,30,31,32,33,34].

Violence against children is a global public health concern [2,35]. When one examines the academic studies conducted to date, one finds that such studies have found little place among nursing students. More studies on child maltreatment are needed to raise awareness of nurses who are primarily responsible for the health of families and communities. For this purpose, it is aimed to compare the knowledge and attitudes of nursing students on the issue of child abuse before and after training.

This study was conducted to determine the level of knowledge and risk recognition of nursing students about CA&N. In this way, it is aimed to identify the training needs of nurses on this topic and contribute to the creation of training programs.

2. DESIGN AND METHODS

2.1. Participants

The study sample consisted of 55 fourth-year nursing students in a department of nursing in a faculty of Health Sciences in Turkey. This research is a quasi-experimental study to determine the level of awareness of nursing students about CA&N and to evaluate the effectiveness of education about CA&N. The data of the study were collected between February and March 2020. The sample includes 55 students who agreed to participate in the study. Those who participated in lessons for less than 8 weeks were not included in the study because it would affect their training success.

2.2. Data collection tools

Data were collected using the student information form prepared by the researcher and Child Abuse and Neglect Awareness Scale (CANA-S).

2.3. Student Information Form

The form was created by researchers in accordance with the literature and it consisted 14 questions related to demographic characteristics.

2.4. Child Abuse and Neglect Awareness Scale (CANAS)

A 20-item 'Child Abuse and Neglect Awareness' scale (CANAS), a pretested and validated tool, developed by Altan et al (2018) [36]. The scale consists of a 5-point Likert type (definitely appropriate=5, appropriate = 4, uncertain =3, inappropriate =2 and definitely inappropriate =1). The CANAS tool comprises 4 sections, each section comprising a subscale dedicated to one of the major categories of CA&N i.e. physical abuse, sexual abuse, emotional abuse and neglect. The highest and lowest possible scores for the full scale are 100 (indicating the highest level of awareness) and 20 (indicating the lowest level of awareness), respectively. Each subscale is 25 points. As scale scores increase, awareness of CA&N increases; as scores decrease, awareness of CA&N decreases.

Subscales of CANAS

Subscales of CANAS	Scale Items
Physical abuse	4, 9, 13, 15, 18
Sexual abuse	6, 7, 11, 17, 20
Emotional abuse	8, 10, 14, 16, 19
Neglect	1, 2, 3, 5, 12

Cronbach's alpha value and correlation coefficient were 0.768 and $r=0.204$ ($p=0.045$), respectively. This scale is a valid and reliable measurement tool for evaluating awareness about CA&N.

2.5. Child Abuse and Neglect Training:

The two-hour weekly training on CA&N consists of theoretical knowledge with power point presentation, appropriate picture presentation during the lecture and question-answer technique. The training was conducted by the researcher for 8 weeks and included the following topics: - definition of child abuse and neglect, - epidemiology, - classification, - risk factors, parental characteristics prone to abuse and neglect, characteristics of children prone to abuse and neglect, family characteristics in child abuse and neglect, symptoms, - prevention of child abuse and neglect, - what to do in case of suspected child

abuse and neglect, and responsibilities of healthcare professionals.

2.6. Statistical Data Analyses

Data were analyzed using IBM Statistical Package for Social Sciences (SPSS) version 25.0. Descriptive statistics (percentage-age, means, standard deviation, minimum, maximum) and non-parametric tests (Mann-Whitney U Test, Wilcoxon Signed Ranks Test, Kruskal-Wallis Test, Chi-Square Test) were used. Statistical significance was assumed to be $p < 0.05$. Ethical Aspects of the Study: Permission was obtained from the relevant faculty of the university before starting the study. Ethics committee approval was obtained from University Clinical Research Ethics Committee. The students were informed about the study by the primary researcher and informed that participation was voluntary and the information was confidential and anonymous.

2.7. Ethical considerations

This study was conducted after obtaining written permission and institutional approval from the scientific research ethics committee of a university. Written permission was obtained from participants through an information form that included the aim of the study.

3. RESULTS

The characteristics of the sample are presented in Table 1. An evaluation was made of 55 university students 70.9% female and 94.5% single. In addition, the mean age of the students was 23.12 ± 1.42 years (min:20; max:30).

All students (100%) answered "no" when asked if there had been a lecture or seminar-type information session on CA&N at their university. When asked if they had made a report (neglect and/or abuse) about a child, the majority (96.3%) of participants responded "no." When asked if they had made a report immediately if they suspected a case of CA&N, all (100%) of the participants answered "yes".

TABLE 1 . Descriptive information of the university students (n = 55)

Variables	N %		
Age (year) 23.12±1.42 years (min:20; max:30)			
Gender			
Female		39	70.9
Male		16	29.1
Did you take a lesson on CA&N during your undergraduate studies?	Yes	-	-
	No	55	100
Have you ever made a report (neglect and / or abuse) about a child?	Yes	2	3.7
	No	53	96.3
You are concerned that a child is being abused. Would you report it immediately?	Yes	55	100
	No	-	-
The person who abuses the child is often a stranger.	Yes	2	3.7
	No	53	96.3
The person who neglects / abuses the child is usually a man.	Yes	40	72.7
	No	15	27.3
The person who neglects / abuses the child is usually an adult.	Yes	50	90.9
	No	5	9.1
CA&N rates higher for children in families with low socioeconomic status.	Yes	17	30.9
	No	38	69.1
Where should CA&N be reported?			
Hospital police		46	83.6
Public prosecutor		5	9.1
The Ministry of Family and Social Policies		2	3.7
Other		2	3.7
What is the reason why CA&N is not always reported?			
Difficulties in the legal process.		11	20
Fear that life circumstances will change as a result of reporting.		15	27.3
Lack of evidence.		17	30.9
Worried that they will take the side of the abuser.		12	21.8

Most students (96.3%) believe that rates of child abuse and neglect are higher among children in low socioeconomic status families and that the person who neglects/abuses a child is most often a male (72.7%), most often an adult. (90.9%). Students' views on where to report cases of neglect/abuse: hospital police (83.6%), prosecutor's office (9.1%), family ministry and social policies (3.7%), others (3.7%). Students' views on reasons for not reporting cases of neglect/abuse: difficulty in the legal process (20%) fear that reporting will change their circumstances (27.3%), lack of evidence (30.9%), fear that they will side with the abuser (21.8%).

It can be observed that the number of those who consider themselves sufficient in terms of CA&N before the training increases after the training (n: 29). The number of students who answered yes to the question "Do you know the legal provisions and sanctions for CA&N?" increased after the training. Young children cannot yet distinguish between fantasy and reality, the number of students who answered "yes" to the statement that sexual abuse allegations should be viewed with suspicion decreased after training (n: 15) (Table 2).

Table 2. Comparison of the Pre- and Post-Training Knowledge of the Nursing Students on CA&N

	Pre-training (N:55)		Post- training (N:55)	
	How competent do you consider yourself in recognizing CA&N?	Very sufficient	-	Very sufficient
	Sufficient	(n:15)	Sufficient	(n:29)
	Partially sufficient	(n:35)	Partially sufficient	(n:17)
	Insufficient	(n:5)	Insufficient	-
Do you know the legal provisions and legal sanctions for CA&N?	Yes	(n:9)	Yes	(n:43)
	No	(n:46)	No	(n:12)
Young children especially cannot distinguish between fantasy and reality, so allegations of sexual abuse should be viewed with suspicion.	Yes	(n:23)	Yes	(n:15)
	No	(n:32)	No	(n:40)

While the mean of the total (CANA-S) score before training was 49 (38-63), after training it was 51 (38-63), and the increase in the total awareness scale score proved to be statistically significant ($p = 0.026$). While the median of neglect subscale score before training was 9 (5-14), after training it was 7 (5-13) and the decrease in neglect subscale score was found to be statistically significant ($p = 0.00$). While

the physical abuse subscale score before training was 16 (8-22), after training it was 18 (14-23), and the increase in physical abuse subscale score was found to be statistically significant ($p = 0.00$). While the median score of sexual abuse subscale before training was 12 (8-20), after training it was 13 (8-18), and the increase of sexual abuse subscale was statistically significant ($p 0.003$) (Table 3).

Table 3. Awareness subscales and total scores of all participants before and after training.

	Pre-training (N:55) (min-maks)	Post-training (N:55) (min-maks)	P*
Neglect	9 (5-14)	7 (5-13)	,000
Physical abuse	16 (8-22)	18 (14-23)	,000
Sexual abuse	12 (8-20)	13 (8-18)	,003
Emotional abuse	11 (6-16)	12 (7-16)	,022
Total	49 (38-63)	51 (38-63)	,026

*Wilcoxon test Statistically significant at $p \leq 0.05$

4. DISCUSSION

Nurses play an important role in the identification and treatment of neglect and abuse, which is one of the issues that need to be addressed with a multifaceted approach, as they are the first health care professionals to encounter children and their families in a protective manner [14,15,16,17,18]. In order to prevent and diagnose CA&N at an early stage, nursing students who will be practicing the nursing profession in the future should be informed about this issue during their education. It is important to determine the level of awareness of nursing students in order to plan such an educational program [37].

In this study, the aim was to investigate the effect of education about CA&N of nursing students on

their level of knowledge and awareness. Nursing students are exposed to CA&N cases both during their education and throughout their lives. It is especially important for nursing students to have knowledge on this topic in order to recognize and report neglected and abused children. The study found that not all nursing students had taken a comprehensive course on CA&N during their education. In one study, 59% of students reported CA&N during their education [38]. In Uysal's study, 77% of nurses did not attend courses on CA&N, 90% did not attend conferences or seminars, and 80% of those who did receive information were included in the child health course [39,40].

In a study conducted with nurses working in pediatric clinics and hospital emergency rooms, 52.5% of the nurses reported that they received training on child abuse and neglect during their education [41]. In another study, it was found that only 18.3% of the participants received training on CA&N before graduation [42]. Nurses should receive more comprehensive training during their studies and their curriculum should include topics such as improving and protecting children's health, preventing cases of CA&N, early detection and early intervention.

Despite the increasing frequency of child abuse reports in Turkey, this study found that almost all nursing students did not encounter cases of CA&N (Table 1). This finding suggests that nursing students urgently need more training on the assessment and recognition of child abuse. Curriculum changes can enable nursing students in Turkey to recognize and properly assess child abuse and neglect.

In the study, all students indicated that they would report immediately if they encountered cases of CA&N. In Lee et al.'s (2018) study, only 62% of participants indicated that they would report if they encountered child abuse [23]. Regardless of how much students know about CA&N, they cannot protect abused or vulnerable children if they do not report the facts they suspect. Therefore, training programs should be planned and implemented to increase nurses' awareness of regular reporting of abuse and neglect. Nurses should not only identify the abused child, but also develop their responsibility to provide psychological support to the child and family as they progress.

Almost all students participating in the study believe that the children were not neglected/abused by a stranger, but by their acquaintances and that this person is an adult. In fact, it is difficult to get clear data on neglect/abuse especially sexual abuse as most cases are either not reported or not detected. [43]. However, studies show that with the exception of child sexual abuse, children are likely to be abused or neglected by parents and / or caregivers [44,45]. Approximately 60% of perpetrators are unrelated acquaintances, such as a family friend, babysitter, or neighbor. In 2018, 76% of child abuse perpetrators in the United States were the parents of their victims [46]. In the study conducted by Pisi with 70 children, it was found

that about 84% of the children who were subjected to emotional, physical, and economic abuse were abused by their parents. Only 20.7% of children exposed to sexual abuse said they were abused by people they did not know. The results of the study are similar to the research conducted [47].

More than half of the students participating in the study believe that child neglect/abuse generally occurs in families with low levels of education. Rates of child abuse and neglect in low socioeconomic families are 5 times higher than in high socioeconomic families [48]. Economic hardship and parental mental health can negatively influence parenting behaviors [49], making low socioeconomic status an important risk factor for child maltreatment [50]. These findings support the other research findings.

When the study examines the opinions of nursing students about where they should report cases of child neglect/abuse, it shows that the answer of almost all of them is the hospital police. Gölge et. al. (2012) found that almost half of the health care professionals encountered the phenomenon of child neglect/maltreatment during their professional life, but most of them did not know what procedure to follow and where to report when they encounter such phenomenon [51]. It can be inferred that the training given to health care professionals regarding the issue should not be limited to the learning processes and that the training given to health care professionals is inadequate. In-service training of health professionals on the subject should be increased.

The study identified nurses' views on the reasons for not reporting cases of CA&N as follows: lack of evidence, fear that life circumstances will change as a result of reporting, concern that they will side with the abuser, and difficulty in the legal process. In the study by Sathiadas et. al. (2018) titled Knowledge, attitudes and behaviors of healthcare professionals in child abuse and neglect, it was observed that the reason for not reporting abuse was that they were not sure of the diagnosis [52]. In the study by Gölge et al., (2012) the reasons why health care workers do not report when confronted with cases of CA&N can be listed as follows: they do not have information about the legal process, they are worried that something negative will happen to them, that the legal authorities will not solve the problem, and they fear that they will put

the child in a worse situation than the current situation [51]. According to Lee's research, almost half of the nurses said that they did not know how to report and some of them did not report because they feared threats [23]. In Yilmaz's (2015) study, 70.6% of the participants did not know enough about the problem, 11.8% thought that the child would be harmed later, 5.9% thought that the child would leave his or her family, 5.9% did not make a report because they did not know where to report [53]. If CA&N, which are very important child health problems, are diagnosed early, greater harm can be prevented. As professional health care providers, nurses have a very important role in this regard. They should perform important tasks such as early diagnosis and treatment of neglect and abuse, recognising signs and symptoms, identifying at-risk groups, and raising awareness among families and communities [14,15,16,17,18,37]. Therefore, nurses must have extensive knowledge to recognise CA&N.

It is noteworthy that after the training, the number of students who consider themselves competent in child neglect increased compared to before the training. There was an increase in the number of students who answered "yes" to the question, "Do you know the legal provisions and legal sanctions for CA&N". This data shows that the 8-week training is effective. It can be seen that the number of students who answered in the affirmative to the statement that young children in particular cannot distinguish between fantasy and reality, so allegations of sexual abuse should be viewed with suspicion, decreased after the training. One study found that only 8% of 576 children reported falsely. The false reporting rate is 2% for children under 6 years of age, but adolescents may make more false reports [54]. In another study conducted in a similar manner, the misreporting rate was 2.3% for children under 6 years of age, 4.3% for elementary school-aged children, and 8% for adolescents. Misreporting among children is generally rare [55]. However, it is common for alleged sexual abuse not to have actually occurred for a variety of reasons. It is well known that false reports by parents of children in divorce and custody cases are on the rise [56]. For this reason, nurses need to be better trained to distinguish between truth and false allegations, to recognise and report the reasons for false allegations and to strengthen interactions with experts.

5. CONCLUSIONS

CA&N can lead to serious injury, disability, and even death. Medically, legally, developmentally, and psychosocially inclusive, socially an increasingly important problem. Inadequate reporting of the issue, diagnosis social pressure from cultural and traditional values. It further increases the importance of the problem. CA&N today with the importance of preventive activities, especially health workers important roles and responsibilities fall.

While information about child abuse and care is satisfactory among health professionals, other areas need to be strengthened. Better education is needed to clarify diagnosis, enable reporting, strengthen interaction with professionals, and reduce fear of dealing with the survivor of child abuse. Although required by law, there are still barriers to reporting; therefore, the support and effectiveness of child protective services should be evaluated. The gap between understanding and reporting abuse can be overcome by increasing knowledge. In order to increase awareness of CA&N, the importance of the topic should be highlighted and the lack of information on the topic should be addressed by increasing the lecture hours they focus on the topic during their training, through conferences and organizing training activities such as seminars and with in-service training after graduation.

5.1. Limitations and Strengths of the study

The study has some limitations.

- Possibility of bias in participants (participants know that they are participating in a practice)
- Filling the forms before the application (to make the participants sensitive to the research purpose)

CONFLICT OF INTERESTS

The authors declare that there are no conflict of interests.

DATA AVAILABILITY STATEMENT

The data that support the findings of this study are available from the corresponding author upon reasonable request.

ETHICS STATEMENT

This study was conducted after obtaining written permission and institutional permission from the Scientific Research Ethics Committee of a university.

Implications For Psychiatric Nursing Practice

Nurses play an important role in prevention, identification and intervention, education and support in cases of child abuse and neglect. However, our study shows that nurses have not received adequate training on child neglect and maltreatment before graduation. Therefore, nurses do not have the skills to recognize, report and implement suspected cases of child abuse and / or neglect during work. Accordingly; incorporating the broader scope of CA&N, suspected cases, diagnostic procedures and reporting into the nursing education curriculum; and planning continuing education programs for nurses on CA&N may be recommended.

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