

Investigation of Awareness of Students on Child Neglect and Abuse and Their Attitudes Towards Reporting Child Neglect and Abuse**

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ABSTRACT:

Purpose: This study aims to investigate the awareness of nursing department students about child neglect and abuse and their attitudes about reporting cases of child neglect and abuse.

Material and Methods: The study was conducted 331 students who agreed to participate in the research were included in the study. The data were collected using the Personal Information Form, The Diagnosis Scale of The Risks and Symptoms of Child Abuse and Neglect and the Healthcare Provider Attitudes Toward Child Maltreatment Reporting Scale. The research data were collected between March-April 2022. The study data were assessed in distribution, numbers, percentages, mean, standard deviation, t-test, one-way analysis of variance, and Person's correlation analysis were used in the data analysis.

Results: 72.2% of the students did not receive any course/training on neglect and abuse, 85.8% did not receive any course/training on forensic nursing, and 66.2% wanted to receive any course/training on forensic nursing. The Diagnosis Scale of the Risks and Symptoms of Child Abuse and Neglect score average of the students participating in the study was 3.66 ± 0.41 , and their score average on the Healthcare Provider Attitudes Toward Child Maltreatment Reporting Scale was 67.14 ± 7.47 . A significant difference was found between the students' gender, year in school, the status of having received a course/lesson/training on neglect and abuse, and their average scores on The Diagnosis Scale of The Risks and Symptoms of Child Abuse and Neglect and the Healthcare Provider Attitudes Toward Child Maltreatment Reporting Scale.

Conclusion: It was determined that more than half of the students did not receive education on neglect and abuse, they had sufficient knowledge about neglect and abuse, their anxiety about reporting child abuse and neglect was lower and their level of responsibility was higher. Professionals working in the field of health have important duties in the prevention, detection and treatment of abuse and neglect cases. It is recommended to add subjects to improve nurses students' knowledge and attitudes towards diagnosing and reporting neglect and abuse.

Keywords: Abuse, Attitude, Awareness, Neglect, Student, Reporting

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INTRODUCTION

All societies perceive the child as the adult of the future and the guarantee of the future and having a healthy society. For this reason, children, who are different from adults in every aspect, exhibit a rapid physical, mental, emotional and psychosocial development, have their own special care needs and are among the primary targets of societies in terms of health protection and promotion (Bozkurt and

Erdim 2019; Törüner and Büyükgönenç 2017). Childhood, which has a critical importance in terms of both physiological and psychological development of human beings, is an age that should be paid attention by parents and communities. Positive and negative experiences individuals experience during this period have life-long effects. In this sense, violence and abuse events people experience during childhood must not be ignored (Aktay 2020). Child

maltreatment (abuse and neglect) is a serious problem that has increased recently in the world and in Turkey and may cause permanent harmful effects on its victims (Aktay 2020; Cirik, Ciftcioglu, and Efe 2017). The World Health Organization describes, child abuse or maltreatment as “all types of physical and/or emotional maltreatment, sexual abuse, neglect and commercial or other exploitation that results in actual or potential harm to the child's health, survival, development or dignity” (World Health Organization 2022). Child neglect is defined as actions that can lead to serious health problems, including damage to the development of children and their death, as a result of not meeting their basic needs, such as love, nutrition, shelter, clothing, education, and health (Aktay 2020; Avdibegović and Brkić 2020). WHO reports that approximately 3 out of every 4 (or 300 million) children between the ages of two and four are frequently subjected to are regularly subjected to violence (physical/psychological punishment) by adults, such as their parents/caregivers and that 1 in every 5 women and 1 in every 13 men suffer from sexual abuse by the time they reach the age of 17 (WHO, 2022). Children exposed to abuse and neglect during childhood may suffer from physical, emotional, cognitive, academic, and social problems such as depression, eating disorder, behavioral problems, substance abuse, suicide, anxiety and post-traumatic stress disorders, depression, dissociative symptoms, sexual behavior disorders, low self-esteem, self-blame, hopelessness, fear of rejection, expectation of abandonment, hopelessness, poor peer relationships, academic failure, growth retardation and developmental delay (Aktay 2020; Atencion et al. 2019; Cirik et al. 2017; Kılıç and Özçetin 2018; Selçuk and Karadeniz 2020). Even though reporting child abuse and neglect is a mandatory and legal responsibility in many countries, the majority of abuse and neglect cases are not reported (Turan and Erdoğan 2019). Studies with healthcare professionals, it was determined that the majority of researchers did not report neglect and abuse cases (Cho et al., 2015; Khidir 2021). Studies in the literature have reported that the obstacles in reporting cases of neglect and abuse that apply to the hospital include the fear of losing the patient,

fear of going to court, lack of knowledge in diagnosing neglect and abuse, factors related to the reporting process, workload, not having problems with the families of the victims, and considering child abuse/neglect as a family issue (Cho et al., 2015; Elarousy and Abed 2019; Khidir 2021; Selçuk and Karadeniz 2020; Tiyyagura et al. 2015). Nurses have a major role in recognizing child abuse and neglect, identifying risk factors and determining abused children, providing competent and comprehensive nursing care, and reporting cases as they have a greater chance of interacting with children and their families at different levels of health care (Elarousy and Abed 2019; Selçuk and Karadeniz 2020). It is important for the nursing profession that nursing students develop their knowledge and attitudes towards diagnosing and reporting child neglect and abuse. This study purposed to define the awareness of students studying in the nursing department about child maltreatment (neglect and abuse) and their attitudes towards reporting child neglect and abuse.

MATERIAL and METHODS

Purpose and Type of the Study

This study aims to analyze the awareness of nursing department students about child maltreatment (neglect and abuse) and their attitudes about reporting cases of child maltreatment (neglect and abuse). This is a descriptive study.

Sampling and participant

The population of the study consisted of 464 students studying in the Faculty of Health Sciences, Nursing Department of a university during the 2021-2022 academic year. No sample selection was used, and the study was completed with 331 (71% of the population) students who could be reached. The questionnaires were administered by the researcher to the students after the purpose of the research was explained between March-April 2022. The data were collected by face-to-face interview technique with the students. Necessary explanations were given to the students and it took approximately fifteen to twenty minutes to complete the relevant forms.

Data Collection Tools

Data were agglomerated using “Personal

Information Form”, “Scale of Diagnosis of Symptoms and Risks of child Abuse and Neglect” and “Healthcare Provider Attitudes Toward Child Maltreatment Reporting Scale”.

Personal Information Form: The form, which was prepared to determine the demographic datas of the students such as age, gender, and year, consists of 6 questions and was created by the researchers.

The Diagnosis Scale of the Risks and Symptoms of Child Abuse and Neglect (DSRSCAN): The scale was improved by Uysal in 1998. The scale contains of 67 items which are rated using a five-point Likert scale. The scale contains 6 (subscales; “Physical Symptoms of the Abuse and Neglect on the Child”: Items 1-20, “Symptoms of Neglect in the Child”: Items 21-27 , “Behavioral Symptoms of Neglect and Abuse in Child”: Items 14-28,-40-67, “The features of the parents having tendency to abuse and neglect: Items 42-50,-55-60-66, “The features of the children having tendency to be abused and neglected”: Items 41-51-54,-56, “Familial Characteristics in Child Neglect and Abuse”: Items 57-59,-61-65. The items in the scale are rated as “very true = 5 points”, “quite correct = 4 points”, “undecided = 3 points”, “not quite correct = 2 points”, and “not at all correct = 1 point”. Items 3, 5, 8, 10, 12, 14, 16, 27, 28, 30, 32, 34, 41, 42, 49, 54, 56, 59, 61 and 63 are reversely coded. However, if all questions in the scale are answered correctly, 335 points are obtained. Evaluation of the scale is based on the mean score, and when the mean score is close to 5, it is interpreted that the level of knowledge is high, those with 3 points and above have a sufficient level of knowledge, and those with less than 3 points do not have a sufficient level of knowledge. In the study conducted by Uysal (1998), the Cronbach's α Coefficient of the scale was computed 0.92 (Uysal, 1998). In this study, Cronbach's α Coefficient was computed as 0.91.

Healthcare Provider Attitudes Toward Child Maltreatment Reporting Scale (HPATCMRS): It was adapted by Singh et al., in 2014 from the 21-item original scale “Teachers’ Reporting Attitude Scale for Child Sexual Abuse” (Singh et al., 2017). Adapted to Turkish by Turan and Erdogan. Since the item-total correlation value of a total of 2 items was below 0.20, they were omitted from the scale. The scale with 19 items, is a 5-point Likert type and consists of two

subscales: “Reporting Responsibilities” and “Concerns About Reporting”. Total Cronbach's α value of the scale was computed as 0.83 (Turan and Erdoğan, 2019). In this study, Cronbach's α Coefficient was computed as 0.64.

Statistical Analysis

The study data were assessed in the IBM SPSS (Version 25.0) statistical software in the computer environment. Since the data showed a normal distribution, numbers, percentages, mean, standard deviation, t-test, one-way analysis of variance, and Person's correlation analysis were used in the data analysis. $P < 0.05$ was accepted as statistical significance value.

Ethical Approval

Approval was taken from the Human Researches Health and Sports Sciences (25/02/2022 Protocol No: 02/13) to conduct the study. Then written permission was obtained from the Faculty of Health Sciences. The students who constituted the sample group were informed verbally and only the volunteer students were included in the study.

RESULTS

It was identified that 60.7% of the students within the scope of the research were in the age group of 18-21 years, 71.6% were female and 28.4% were 3rd-year students. 72.2% of the students did not receive any course/training on neglect and abuse, 85.8% did not receive any course/training on forensic nursing, and 66.2% wanted to receive any course/training on forensic nursing (Table 1).

It was found that the difference between the DSRSCAN total score averages according to the age of the students was significant, but the difference between the HPATCMRS total score averages was not significant ($p > 0.05$). The difference between the variable of gender and both DSRSCAN and HPATCMRS total mean scores was statistically significant ($p < 0.05$). The difference between their both DSRSCAN and HPATCMRS total mean scores in terms of the variable of university year was statistically significant ($p < 0.05$, Table 1).

Table 1. Comparison of the Students' Demographic Variables and DSRSCAN and HPATCMRS Mean Scores (N=331)

Demographic Variables	N	%	DSRSCAN Mean± SD	HPATCMRS Mean ± SD
Age				
18-21	201	60.7	242.43±25.93	67.43±07.44
22-25	128	38.7	249.55±28.92	66.54±07.48
26-29	2	0.6	264.00±12.73	76.00±05.66
Test – p			F=3.174, p=.043	F=1.947, p=.139
Gender				
Female	237	71.6	247.35±27.89	68.04±06.95
Male	94	28.4	240.17±25.06	64.86±08.26
Test – p			t=2.173, p=.030	t=3.554, p=.000
University Year				
1st year	88	26.6	237.78±28.70	65.67±07.65
2nd year	78	23.6	237.15±29.21	66.46±07.34
3rd year	94	28.4	247.61±22.12	67.60±07.50
4th year	71	21.4	260.58±22.48	70.01±06.99
Test – p			F=13.593, p=.000	F=3.154, p=.025
The status of receiving any course/training on neglect and abuse				
Yes	92	27.8	254.75±25.40	67.59±07.32
No	239	72.2	241.68±27.15	66.97±07.54
Test – p			t=3.993, p=.000	t=.676, p=.499
The status of receiving any course/training on forensic nursing				
Yes	47	14.2	246.38±26.39	66.85±08.22
No	284	85.8	245,14±27,46	67,19±07,35
Test – p			t=.290, p=.772	t=-.285, p=.776
The status of wanting to take any course /training on forensic nursing				
Yes	219	66.2	246.65±27.03	67,71±07,04
No	112	33.8	242.70±27.68	66,02±08,14
Test – p			t=1.250, p=.212	t=1.961, p=.051

DSRSCAN: *The Diagnosis Scale of the Risks and Symptoms of Child Abuse and Neglect*

HPATCMRS: *Healthcare Provider Attitudes Toward Child Maltreatment Reporting Scale*

Table 2. Distribution of the Students' DSRSCAN and HPATCMRS Mean Scores (N=331)

Scales	Min-max scores the students obtained from the scale	Min-max scores to be obtained from the scale	Mean±SD	
DSRSCAN	Physical Symptoms of the Abuse and Neglect on the Child	30-94	19-95	73.00±9.41
	Symptoms of Neglect in the Child	7-35	7-35	27.98±4.83
	Behavioral Symptoms of Neglect and Abuse in Child	23-71	15-75	55.19±6.75
	The features of the parents having tendency to abuse and neglect	20-56	12-60	41.37±6.45
	The features of the children having tendency to be abused and neglected	11-30	6-30	19.52±3.17
	Familial Characteristics in Child Neglect and Abuse	13-40	8-40	28.25±5.10
	Total Score	117-312	67-335	245.31±27.27
HPATCMRS	Reporting Responsibilities	16-46	10-50	39.14±04.79
	Concerns about Reporting	9-42	9-45	28.00±06.22
	Total	37-84	19-95	67.14±07.47

It was identified that there is a significant difference between the students' DSRSCAN total score averages according to whether they have taken any course/training about neglect and abuse before, and the difference between their HPATCMRS total mean scores was not significant. There was no statistically significant difference between the total mean scores of both DSRSCAN and HPATCMRS in terms of the status of receiving any course/ training on forensic nursing and the status of wanting to receive any

course/ training on forensic nursing (Table 1).

It was appointed that the students' DSRSCAN total mean score was 245.31 ± 27.27 , and when the scale was evaluated over the mean score, the mean score was above 3 (3.66 ± 0.41). HPATCMRS total mean score of the students was 67.14 ± 07.47 (Table 2).

A positive and significant correlation was identified between DSRSCAN total mean scores and HPATCMRS total mean scores of the students ($p < 0.05$, Table 3).

Table 3. The Students' Results of Correlation Analysis on DSRSCAN and HPATCMRS (N=331)

Scales	HPATCMRS		
	Reporting Responsibilities	Concerns About Reporting	Total HPATCMRS
Physical Symptoms of the Abuse and Neglect on the Child	r=.404 p=.000	r=.231 p=0.000	r=.451 p=0.000
Symptoms of Neglect in the Child	r=.380 p=0.000	r=.231 p=0.000	r=.383 p=0.000
Behavioral Symptoms of Neglect and Abuse in Child	r=.385 p=0.000	r=.168 p=0.002	r=.462 p=0.000
DSRSCAN	The features of the parents having tendency to abuse and neglect	r=.218 p=0.000	r=.258 p=0.000
	The features of the children having tendency to be abused and neglected	r=.139 p=0.012	r=.008 p=0.889
	Familial Characteristics in Child Neglect and Abuse	r=.236 p=0.000	r=.074 p=0.180
	Total DSRSCAN	r=.414 p=0.000	r=.218 p=0.000

DISCUSSION

Child maltreatment is a universal problem that has long-lasting effects on the children, their family and future generations and causes serious lifelong consequences (Cirik et al. 2017). In this study, which was conducted to investigate the awareness of the nursing students about child neglect and abuse and their attitudes towards reporting child neglect and abuse, it was determined that the majority of the students did not take any course on neglect and abuse (72.2%), did not receive any course/training on forensic nursing (85.8%) and wanted to receive any course/training on forensic nursing (66.2%). Similar studies conducted with nursing students reported that the majority of the students did not get any training on child neglect and abuse (Ozbey et al. 2018; Uysal, Bozkurt, and Düzkaya 2022). In the

literature, studies conducted with nurses (Güner et al., 2016; Tekin and Kılıç, 2020) and healthcare professionals (Salami and Alhalal, 2020; Yükseler, 2020) more than half of the participants did not get any training on neglect and abuse before, the majority of the participants remarked that it is necessary to receive training on abuse and neglect (Güner et al., 2016; Yükseler, 2020). It was identified that the students' DSRSCAN mean score was above 3 (3.66 ± 0.41) and at a sufficient level. In a similar study conducted by Yükseler on healthcare professionals, it was appointed that DSRSCAN total mean score was 3.69 ± 0.34 (Yükseler 2020). Similar studies conducted on nursing students reported that the students' child neglect and abuse mean scores were 3.7 ± 0.3 (Ozbey et al. 2018) and 3.45 ± 0.45 (Tek and Karakaş 2021) and their knowledge levels were

moderate/sufficient, which supports the findings of the present study. In a study conducted by Poreddi with nursing students, it was determined that students' knowledge about child maltreatment (abuse and neglect) was insufficient (Poreddi et al., 2016).

The findings of this study revealed that the age, gender and university year variable of the students affected the status of diagnosing the symptoms and risks of child abuse and neglect. The studies involving nursing students reported that students' gender and university year variables affected their levels of awareness on child maltreatment (neglect and abuse) (Güdek et al., 2019; Tek and Karakaş 2021) but the variable of age did not have any effect (Tek and Karakaş 2021). In similar studies with nursing students, the variables of age (Özçevik et al., 2018; Poreddi et al. 2016) and university year (Özçevik et al. 2018) affected the level of awareness on child maltreatment (neglect and abuse). Similar studies conducted with nursing students in order to define the level of awareness about diagnosing child maltreatment (neglect and abuse) reported that the variable of gender affected the awareness status (Ozbey et al. 2018; Uysal et al. 2022); whereas, the variable of university year did not affect it (Ozbey et al. 2018). There are also studies in the literature that the variable of the university year affected the levels of diagnosing the symptoms and risks of child maltreatment (abuse and neglect) (Burç and Tüfekci 2015; Kaya 2019), which supports the finding of the present study. It was determined in the present study that the status of receiving any course/training on neglect and abuse affected their level of diagnosis of the symptoms and risks of child abuse and neglect. Similar studies conducted with nursing students in the literature reported that receiving education on child abuse and neglect affected the level of knowledge (Burç and Tüfekci 2015; Güdek Seferoğlu et al., 2019; Kim and Park 2020; Ozbey et al., 2018; Tekin and Kılıç 2020). Unlike, in a study conducted by Bağ and Bozkurt with nurses, it was determined that the status of receiving education on child abuse and neglect did not affect their level of diagnosis of symptoms and risks of child abuse and neglect (Bozkurt and Bağ 2021).

Nurses need to be competent in recognizing,

reporting and intervening in child maltreatment (abuse and neglect) in the pediatric population (Overton 2020). In this study, it was identified that the students had lower concerns about reporting child abuse and had higher responsibilities for mandatorily reporting child maltreatment. In the literature, there are studies indicating that healthcare professionals have high (Atencion et al. 2019; Tekin and Kılıç 2020; Yükseler 2020) and low (Alkathiri et al., 2017; Cho et al. 2015; Khidir 2021; Salami and Alhalal 2020) reporting intentions in case of child maltreatment (neglect and abuse). In this study, it was identified that the variables of gender and university year affected the students' attitudes towards reporting child abuse. In a study conducted with healthcare professionals, they reported that the gender of healthcare professionals affected their attitude towards reporting abuse (Al-Saif et al. 2018). In the literature, there are numerous studies reporting that the university year of the students affects the diagnosis of the symptoms and risks of child maltreatment (abuse and neglect) (Burç and Tüfekci 2015; Kaya 2019; Özçevik et al. 2018; Tek and Karakaş 2021). It is thought that the university year of students affects their level of knowledge about diagnosing the symptoms and risks of child maltreatment (abuse and neglect) resulting in changes in their attitudes towards reporting child abuse.

Although reporting all kinds of maltreatment against children is one of the legal responsibilities of healthcare professionals, there are many factors that affect the reporting decision. (Tufford et al. 2021). In this study, it was determined that as the level of awareness of the students toward diagnosing the symptoms and risks of child maltreatment (abuse and neglect) increased, their positive attitudes towards reporting child abuse also increased. The studies have reported that one of the most important factors preventing the reporting of neglect and abuse is the lack of knowledge of healthcare professionals on this issue (Alkathiri et al. 2017; Azizi and Shahhosseini 2017; Elarousy and Abed 2019; Green 2020; Salami and Alhalal 2020). It is stated in the literature that as the level of awareness toward diagnosing the symptoms and risks of child abuse and neglect increases, healthcare

professionals are more likely to develop a positive attitude toward reporting child abuse; however, the elevated levels of awareness has no effect on the actual attitude toward reporting cases (Atencion et al., 2019; Khidir 2021). In addition to increasing the level of awareness to prevent neglect and abuse, other obstacles to reporting these cases (not following the cases, fear of testifying in court, workload, factors related to the reporting process, fear of violation of privacy and confidentiality principles, anxiety of losing the patient, deficiencies in diagnosis of treatment of abuse, uneasiness and lack of experience in preparing abuse report) should be taken under control and nurses should be encouraged to report suspicious cases (Azizi and Shahhosseini 2017; Güner, Yavuz, and Dörtbudak 2016; Selçuk and Karadeniz 2020; Tiyyagura et al., 2015).

CONCLUSION

Child neglect and abuse continues to be the most challenging and important social problem of today's society, which seriously threatens the health and well-being of families and societies, especially children. In this study, it was identified that the students studying in the nursing department had sufficient level of knowledge about diagnosing the symptoms and risks of child maltreatment (abuse and neglect), however, their anxiety about reporting child abuse was lower and their responsibility level was high in reporting child maltreatment. Healthcare professionals have an important role in the prevention, identification, and treatment of abuse and neglect cases. Nurses are considered to be at the forefront of providing care to abused children and essential reporters of child maltreatment. For this reason, it is recommended to add subjects to improve nurses students' knowledge and attitudes towards diagnosing and reporting neglect and abuse.

Acknowledgment

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Conflict of Interest

We declare that our manuscript has never been

published and under consideration in a journal. Authors declare that there are no conflict of interest between them. Also, we note that our manuscript contains original material.

Limitations of the study

This study includes only the students studying in the Faculty of Health Sciences, Department of Nursing. The data obtained in this study are limited to the scales used and the sample group.

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