

## Child Abuse and Neglect: Student Nurses' Knowledge and Attitudes

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**Abstract:** Child abuse and neglect is a significant global problem with a serious impact on the victims' physical and mental health, well-being and development throughout their lives – and, by extension, on society in general. Nurses therefore require adequate educational preparation to equip them with the required knowledge, skills and attitudes to manage child maltreatment effectively. This descriptive - correlational study involved student nurses in the King Saud Bin Abdulaziz University for Health Science, College of Nursing – Jeddah. The purpose was to describe the participants' knowledge and attitudes on child abuse and neglect and to explore the interrelationships between knowledge, attitudes and their biographical variables, including the courses which they had completed. A structured questionnaire was completed by 156 female students (response rate 70%). Regarding the knowledge about child abuse and neglect of student nurses, it was found that about half and more of the participants answered the questions related to identifying suspected cases of child abuse and neglect correctly. In addition, about 85% of participants agreed that child abuse and neglect can occur anywhere in the community and it is mandatory for all nurses to report suspected cases, while 82.7% of agreed that nurses should have adequate knowledge, skills and attitudes to manage child abuse and neglect adequately and effectively. It was concluded that completed courses related to the studied issue benefited students in improving their knowledge and attitudes about child abuse and neglect.

[Wafaa Elarousy Houaida Helal and Louise de Villiers. **Child Abuse and Neglect: Student Nurses' Knowledge and Attitudes.** *J Am Sci* 2012;8(7):665-674]. (ISSN: 1545-1003). <http://www.jofamericanscience.org>. 100

**Key words:** Child abuse and neglect, attitudes, knowledge, student nurses

### 1. Introduction

#### Child abuse and neglect

Child maltreatment is a significant global problem with a serious impact on the victims' physical and mental health, well-being and development throughout their lives – and, by extension, on society in general<sup>(1)</sup>. Different terms either child maltreatment or child abuse and neglect are used in the literature. Child abuse refers to deliberate violence, sexual assault or exploitation involving a child or the intentional withholding of care<sup>(2)</sup>. This includes non-accidental injuries as a result of acts of commission (physical assault), or omission (failure to protect) by caretakers<sup>(3)</sup>. Child maltreatment includes all forms of physical and emotional ill-treatment, sexual abuse, neglect or negligent treatment, or commercial or other exploitation resulting in actual or potential harm to the child's health, survival, development or dignity in the context of a relationship of responsibility, trust or power<sup>(3)</sup>. The WHO Consultation on Child Abuse Prevention distinguishes four types of child maltreatment which are physical abuse; sexual abuse; emotional and psychological abuse and child neglect<sup>(1)</sup>. The terms child abuse and neglect and child maltreatment are used interchangeably in the article.

#### Child abuse and neglect as a global problem

Every year, worldwide, millions of children are victims of non-fatal abuse and neglect. An estimated 31 000 homicide deaths occur annually in

children under 15. This number underestimates the true extent of the problem, as a significant proportion of deaths due to child maltreatment are incorrectly attributed to falls, burns, drowning and other causes<sup>(4)</sup>.

Child maltreatment contributes to a broad range of adverse physical and mental health outcomes that are costly, both to the child and to society, over the course of a victim's life<sup>(1)</sup>. The health and social consequences of child abuse and neglect (CAN) are more wide-ranging than death and injury alone. CAN can affect all domains of development - physical, psychological, cognitive, behavioral and social - which are often interrelated<sup>(5)</sup>. These include violent victimization and the perpetration of violence, depression, smoking, obesity, high-risk sexual behaviors, unintended pregnancy, and alcohol and drug use.

Children in the Arab Peninsula are subjected to all forms of CAN. Child abuse is ignored or may even be tolerated and accepted as a form of discipline. Abused children continue to suffer and most abusers go free, unpunished and untreated. Confronting these realities is a necessary step in the long and hard road to break the silence, respond to and prevent child abuse and neglect in the Arab Peninsula<sup>(6)</sup>.

#### Global efforts to combat child abuse and neglect

Many existing prevention efforts consist of the prevention and early identification of cases of child maltreatment and interventions to protect the children

involved <sup>(1)</sup>. In 1989, world leaders decided that children needed a special convention just for them because people under 18 years old often need special care and protection that adults do not need. As a result of this, the UN Convention on the Rights (CRC) of the Child came into existence <sup>(7, 8)</sup>. The CRC provides the legislative framework for promoting and ensuring the rights of all children. Article 19 of the CRC offers a comprehensive conceptualization of child protection, emphasizing the importance of the prevention of maltreatment of children. Ratification of the convention on the Rights of the Child puts an obligation on State Parties to adhere to its provisions <sup>(9)</sup>.

#### **Child abuse and neglect in the Saudi Arabia context**

Historically, CAN was initially recognized in Saudi Arabia by the health-care professionals as a rare problem affecting the well-being of few children in the country. Therefore, from 1990 to 2000 there were only 11 reports published in the medical literature and all were case studies. The official development of child protection started in the year 2000 when CAN was recognized as a public issue by the national media focusing on the lack of legislation and services <sup>(10)</sup>.

Saudi Arabia ratified the CRC in 1996, 'with a reservation with respect to all such articles that are in conflict with the provisions of Islamic law' and considered it to be a valid source of domestic law <sup>(11)</sup>. Consequently the country implemented child protection strategies. The National Family Safety Program was established in 2005 with the intention to prevent child maltreatment and domestic violence in the Kingdom. Since the inception of the National Family Safety Program and its implementation in 2007, the number of child protection centers that provide family safety services has increased from 4 to 38. All these centers were established under the directives of the National Health Services Council representing all health sectors in the country <sup>(12)</sup>.

Despite these measures, a study in 2008 indicated that nearly 45 per cent of children in the Kingdom were victims of some sort of abuse and domestic violence. Fifty one percent of identified cases were in Riyadh and 20 percent in Jeddah. Children of illiterate parents were especially at risk, while children living in affluent areas had a low risk. The overwhelming majority, namely 78 percent of victims, were females, while males accounted for only two percent <sup>(13)</sup>.

A total of 292 child abuse cases have been registered under the national Family Safety program in 2010 (Annual report 2010), of whom 153 (52.4%) were males and 139 (47.6%) were females. Saudi nationality comprised the largest group of abused cases in both genders ( $f=280$ ; 95.9%). The highest number of reported cases were from the Riyadh Region ( $f=185$ ; 63.3%). It has been noticed that 58 (20%) of the 292

cases were under the age of one year with 25 (43%) being three months old or younger. In terms of the relation of the alleged perpetrator to the child, 77.4% of the abusers were unknown. Concerning the remaining 22.6% of cases, the majority i.e. 65.2% of the known perpetrators were the parents. The types of abuse recorded were physical ( $f=183$ ; 60%), neglect ( $f=126$ ; 41.3%) sexual ( $f=47$  15.4%), Munchausen by proxy ( $f=8$ ; 2.6%), and shaken baby syndrome ( $f=14$ ; 4.6%). Some of the reported cases had more than one form of abuse. Repeated events of abuse occurred in 13 (4%) of the cases <sup>(12)</sup>. The annual report of the analyzed registry data will provide evidence-based knowledge about the magnitude and characteristics of child maltreatment presenting to the health sector. Eventually, this data will support decision-makers in strategic planning and policy development. <sup>(14)</sup>

#### **Research problem**

Nurses interact with children and their families and caregivers at all levels of healthcare. They educate people, intervene in primary care and institutional settings, and provide services to help children and their families. It is important for nurses to have a clear understanding of what child abuse and neglect are, how to identify risk factors and how to intervene to provide competent and comprehensive healthcare for children who are at risk for or have experienced child abuse and neglect <sup>(15)</sup>. Any nurse, who has direct or indirect contact with children, must be able to identify children who are vulnerable and at risk, and act accordingly <sup>(16)</sup>.

One of the principles inherent in the UNICEF Child Protection Strategy is to improve the capacity of those in contact with children, including nurses, with regard to knowledge, motivation and support in order to enable them to protect children against harm. <sup>(17)</sup> Nurses therefore require adequate educational preparation to equip them with the required knowledge, skills and attitudes to manage child abuse and neglect adequately and effectively.

Although many North American dental schools have increased their curriculum hours dedicated to the issue of CAN, the majority of schools still allocate only one to two clock hours for this subject. Undergraduate dental students' self-perceived knowledge of and attitudes toward child abuse and neglect were investigated at the University of Texas Dental Branch in Houston. The results revealed that students in general, recognized a need for improvement of both the quality and quantity of this aspect of their undergraduate curriculum. The results indicate, however, that the CAN curriculum content at this institution had a minimal effect on the acquisition and retention of information. <sup>(18)</sup> In addition, a study by **Al Jundi (2010)** revealed a major lack of knowledge of the social indicators, signs and reporting procedures of physical abuse among Jordanian dental students with

no significant difference between postgraduate and undergraduate students<sup>(19)</sup>. Furthermore, study by **DeMattei et al.** (2009) revealed that most allied health professions students felt inadequately prepared academically in the topic of child abuse and neglect. The researcher states that educational preparation of mandated reporters is critical to ensure the success of reporting child abuse and neglect. Health care professionals are required to understand the different types and signs of child abuse and neglect. Academic and continuing education programs could assist them to be legally responsible, mandated reporters of child abuse and neglect<sup>(20)</sup>.

The College of Nursing – Jeddah (CON-J) offers the Bachelor of Nursing programme of the King Saud bin Abdulaziz University for Health Sciences. Currently, CON-J delivers two undergraduate programs which offer a baccalaureate of science in nursing (BSN) for Saudi females. The Stream I programme caters for high school graduates and extends over a period of 4 years. The 2-year Stream II programme caters for University graduates who wish to join nursing as a second career.

Topics related to child abuse and neglect are covered in the following courses: “Normal Growth and Development”; “Nursing Care of Children and their Families”; “Society and Health”; “Community Health and Health Education” and “Family Health and Child Protection”. This possible fragmented exposure to this subject content may hamper the development of the required knowledge, skills and attitudes to enable students to deal with child abuse and neglect effectively in clinical settings. The researchers anticipated that insight into their knowledge and attitudes on this issue was required to enable the CON-J to identify the problem areas and recommend measures to overcome identified problems through curriculum revision. This is to ensure that students are adequately prepared for their role in combating and managing CAN.

Many previous studies had been done in western countries to measure knowledge and attitudes of physicians, social workers, and teachers regarding CAN but very limited studies existed in the Arab world in general and Saudi Arabia in particular. Regarding the situation in Saudi Arabia, **AlBuhairan et al.**, (2011) found that the majority of school professionals including teachers had a low-intermediate level of awareness of CAN, ratification of the CRC, and related national policies and procedures. Most of them were willing to attend training programs on this subject matter. The researcher suggested that efforts needed to be made in the country to fill this gap.<sup>(21)</sup>

This current study was intended to fill this knowledge gap. It was anticipated that this study would provide insight into the strengths and weakness of current educational strategies aimed at preparing

students for their responsibilities to prevent, identify and manage child maltreatment in clinical settings, and identify areas of required curriculum changes.

The purpose was to describe the knowledge and attitudes on child abuse and neglect of student nurses in College of Nursing, Jeddah (CON-J) King Saud Bin Abdulaziz University for Health Science and to explore the interrelationship between their knowledge, attitudes and biographical variables. The questions which the researchers sought to answer were:

- What is the CON-J undergraduate students' knowledge about child abuse and neglect?
- What is the CON-J undergraduate students' attitudes toward child abuse and neglect?
- What is the interrelationship between student nurses' knowledge, attitudes and their biographical variables?

## 2. Material and Methods / Research Design and Methods

### Study Setting

The study was conducted at King Saud Bin Abdulaziz University for Health Science – College of Nursing – Jeddah

### Study Design

A descriptive-correlational study was conducted to examine student nurses' knowledge and attitudes toward child abuse and neglect and the interrelationships between the research variables. Correlational designs involve an investigation of the degree of relationships between two or more identified variables and can be descriptive or predictive.<sup>(22)</sup>

### Study Sample

All registered students at CON-J, who successfully completed pre-professional courses and were willing to participate, were eligible for inclusion in the study. The population size was 222. The questionnaires were submitted to the entire population and therefore, no sampling was done. This excluded sample bias. The response rate was 70% and therefore the sample size was 156.

### Data Collection

A questionnaire was developed by the researchers for the purposes of this study after a literature review had been conducted. The questionnaire included items related to demographic variables, and knowledge and attitudes regarding child abuse and neglect.

There were 30 items measuring knowledge; of these, 17 items targeted knowledge of the indicators of child abuse and neglect; 4 items were related to child abuse and neglect as a social problem and the remaining 9 items dealt with reporting of cases and national and international efforts to combat this problem. Each item in the knowledge section of the questionnaire had 3 possible responses, namely yes, no, and not sure. One mark was awarded for every correct

response, zero otherwise. Hence, the total number of marks in the knowledge section ranged from 0 to 30. The attitude section comprised 17 items using a 4 point Likert scale. The possible responses for each statement were strongly disagree, disagree, agree or strongly agree.

Validity was enhanced by asking experts to assess the relevance to and coverage of the topic and the necessary modifications were done. Reliability was measured using the Cronbach's Alpha test. The reliability coefficient for the knowledge section was 0.827 and for the attitudes section 0.882. Burns and Grove (2009) stated that a reliability coefficient of 0.70 is acceptable for a newly developed instrument<sup>(23)</sup>. Furthermore, a pilot study was done by asking 10 students to complete it and the necessary modifications were done.

To minimize the possibility of bias the researchers ensured that data-collection was standardized and that the participants received standardized instructions on how to complete the questionnaires. The questionnaires were hand-delivered during time between lectures.

#### **Data Management and Analysis**

Descriptive statistics were calculated to describe the biographical characteristics of the participants and each of the measured components of knowledge and attitudes. In addition to this, correlational analysis was done using Pearson's correlation coefficient test to investigate the relationships between age, knowledge and attitudes. The responses to several items were summed and treated as interval data. The significance level was pre-set at  $P < 0.05$ .

The T-test was used to determine whether significant differences existed between stream 1 and 2 participants regarding their mean knowledge and attitudes scores. The ANOVA test investigated the relationships between sources of information about CAN and the participants' mean knowledge and attitudes scores and Mann Whitney U-test was done to compare the mean scores of married and unmarried participants with regard to individual items on the knowledge and attitudes scales. The significance levels were pegged at  $P < 0.05$ .

#### **Ethical Considerations**

The study was conducted after approval from the Research and Ethics Committee of CON-J. The information of the current study was handled confidentially. Participants signed an informed consent form to participate in the study after knowing that the participation is voluntary. No other ethical issues were of a concern.

### **3. Results**

One hundred and fifty six female students participated in the study. Their age ranged from 19-31

years with a mean age of  $23.4 \pm 2.7$  years. The majority of them (64.1%) were students from stream 1 while 35.9% were from stream 2. The majority (86.5%) of the students were single. Of the married students 33.3% had no children, 33.3% had one child, 13.8% had two children and 9.5% had three children.

Regarding the participants' level in the nursing programme, 26.3% were level 4 while 21.2% were level 8 students. In addition, 14.7% of the participants were level 2 and 5 students respectively. Regarding the courses that covered topics on child abuse and neglect, it was found that 60.3% completed the "Normal Growth and Development" course, 44.2% completed the "Nursing Care of Children and their Families" course and 39.7%, 31.4%, 30.1% completed the "Society and Health", "Community Health and Health Education" and "Family Health and Child Protection" courses respectively. In addition, 39.7% of students didn't attend any related courses (Table 1).

Thirty two (20.5%) participants reported that they were victims of child abuse and neglect. Of these ( $n=32$ ), 62.5% were victims of physical, 21.9% of sexual and 46.9% of emotional abuse, while 21.9% reported that they were victims of neglect. Thirty nine (25%) participants had experience of dealing with victims of child abuse before (Table 2).

The main sources of information about child abuse and neglect were the mass media and the internet (73.1% and 61.5% respectively) followed by courses that included relevant topics about child abuse and neglect (37.8%) (Figure 1).

Regarding the knowledge about child abuse and neglect of participants, it was found that about half and more of the participants answered the questions related to identifying suspected cases of child abuse and neglect correctly. In addition, about 85% of participants indicated that child abuse and neglect can occur anywhere in the community and that it is mandatory for all nurses to report suspected cases, while 82.7% of indicated that nurses should have adequate knowledge, skills and attitudes to manage child abuse and neglect adequately and effectively (Table 3).

Table 4 shows that participants had positive attitudes toward the prevention of CAN and their abilities to identify risk factors and suspected cases. The mean attitudes scores were  $3.73 \pm 0.49$ ,  $3.32 \pm 0.64$  and  $3.2 \pm 0.74$  respectively. Furthermore, the participants were more comfortable when dealing with victims of emotional and physical abuse than sexual abuse. The mean attitudes scores were  $2.85 \pm 0.87$ ;  $2.88 \pm 0.79$  and  $2.35 \pm 0.93$  respectively. Also, they were comfortable in their ability to report child abuse and neglect and to keep records as an evidence of abuse. The mean attitudes scores were  $2.99 \pm 0.96$  and  $3.3 \pm 0.82$  respectively.

**Table (1) Distribution of student nurses according to demographical characteristics**

Variable	Number (156)	%
<b>Age:</b>		
Less than 20 years	29	18.6
20-25 years	86	55.1
More than 25 years	41	26.3
<b>Mean age 23.35± 2.7</b>		
<b>Stream</b>		
Stream 1	100	64.1
Stream 2	56	35.9
<b>Marital status</b>		
Single	135	86.5
Married	21	13.5
<b>Number of children(n=21)</b>		
No children	7	33.3
One child	7	33.3
Two child	5	23.8
Third child	2	9.5
<b>Level of students</b>		
Level 2	23	14.7
Level 3	8	5.1
Level 4	41	26.3
Level 5	23	14.7
Level 6	19	12.2
Level 7	9	5.8
Level 8	33	21.2
<b>Courses completed*</b>		
- Community health and health education	49	31.4
- Family health and child protection	47	30.1
-Growth and development	94	60.3
-Society and health	62	39.7
-Nursing care of children and their families	69	44.2
-None of the above courses	62	39.7

\*Multiple responses are allowed

The attitudes of the participants who completed courses that covered child abuse and neglect topics were more positive than participants who did not attend these courses. The differences were statistically significant. ( $p=0.001^*$ ) Furthermore, two courses significantly affected their knowledge, namely “Family Health and Child Protection” and “Nursing Care of Children and their Families”( $p= 0.026^*$  and  $0.041^*$ respectively) (Table 5).

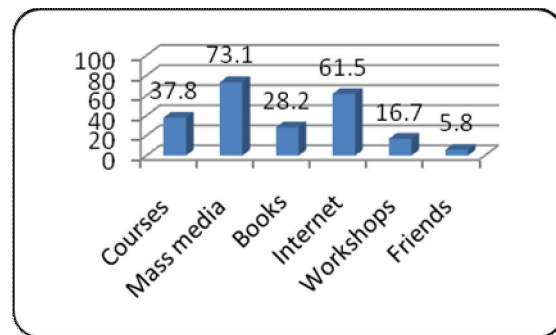
The Pearson Correlation Coefficient test revealed that a negative relationship existed between age and attitudes towards child abuse ( $r=-0.183$ ;  $p < 0.05$ ). Older students scored lower on the total attitudes scale compared to their younger counterparts (Table 6).

Table 7 revealed that stream I students showed better knowledge and attitudes regarding child abuse and neglect, however there was statistical significant between participants enrolled in stream I and those enrolled in stream II regarding their knowledge.( $p= 0.014^*$ )

The Mann-Man- Whitney test revealed that married students were significantly more inclined to indicate that they can comfortably deal with the person who caused emotional abuse of a child compared to unmarried students ( $p=.013$ ). Likewise, married students were more inclined to indicate that they can comfortably deal with a sexually abused child compared to unmarried students ( $p=.019$ ) Students who indicated that they were victims of child abuse were more inclined to indicate that they were comfortable in their ability to report child abuse and neglect than their counterparts. ( $p=0.45$ ).

**Table (2) Student nurses' experience about child abuse and neglect**

Variable	Number (156)	%
<b>Student victim to child abuse</b>		
yes	32	20.5
no	123	78.8
<b>Type of abuse* n=32</b>		
Physical abuse	20	62.5
Sexual abuse	7	21.9
Emotional abuse	15	46.9
Neglect	7	21.9
<b>Dealing with victim</b>		
Yes	39	25
No	117	75



**Figure 1 Student nurses' sources of information about child abuse and neglect**

**Table (3) Distribution of participants according to their knowledge about child abuse and neglect**

Items related to identifying suspected cases	YES		NO		NOT SURE	
	N(156)	%	N(15)	%	N(156)	%
1. The history of the injury is changing over time	95	60.9	26	16.7	35	22.4
2. The mechanism of injury does not explain the injury found on examination.	75	48.1	52	33.3	29	18.6
3. A 6-year old child has bruises behind the ears	92	59	69	44.2	32	20.5
4. A 7-year old child has bruises in both knees and elbows**	101	64.7	31	19.9	19	12.2
5. Two-month-old has a femur or skull fracture	106	67.9	31	19.9	19	12.2
6. A 4-year old child with bruises in inner thighs	102	65.4	21	13.5	33	21.2
7. Children involved in exchange or trade pornography	85	54.5	30	19.2	41	26.3
8. A child is touched or fondled in a sexual way	120	76.9	17	10.9	19	12.2
9. Inappropriate things about sex are said to a child	103	66	24	15.4	29	18.6
10. Parents allow a youth to make his/her own reasonable choices. **	31	19.9	79	50.6	46	29.5
11. A parent refuses to listen to the child	105	67.3	30	19.2	21	13.5
12. A parent refuses to let the child express himself/herself	92	59	33	21.2	31	19.9
13. A parent destroys the child's toys or possessions	86	55.1	39	25.0	31	19.9
14. The parents do not provide the child with an appropriate stimulating environment to develop normally	88	56.4	29	18.6	39	25.0
15. The parents fail to seek timely and appropriate medical care when the child has serious health problems	98	62.8	36	23.1	22	14.1
16. The parents fail to protect child from harm	82	52.6	46	29.5	28	17.9
17. The parents leave a very young child in the care of a sibling who is too young to provide adequate care or supervision	89	57.1	38	24.4	29	18.6
<b>Mean score of correct answers probability (17items)</b>	<b>9.6410 ± 3.767</b>					
<b>Items related child abuse and neglect as a social problem</b>						
18. Child abuse and neglect most probably done by strangers**	72	46.2	59	37.8	25	16.0
19. Children with disabilities are less at risk for abuse and neglect than the general population of children.**	42	26.9	80	51.3	34	21.8
20. Child sexual abuse cases is known to and trusted by the perpetrator	82	52.6	47	30.1	27	17.3
21. Child abuse and neglect can occur anywhere in the community	133	85.3	16	10.3	7	4.5
<b>Mean score of correct answers (4 items)</b>	<b>2.1 ± 0.96</b>					
<b>Reporting / National and international efforts</b>						
22. It is mandatory for all nurses to report a suspected case of child abuse	132	84.6	8	5.1	16	10.3
23. Multidisciplinary team includes pediatrician, nurses and psychiatric doctors only to manage cases of child abuse and neglect. **	90	57.7	46	29.5	20	12.8
24. Nurses should have adequate knowledge, skills and attitudes to manage child abuse adequately and effectively	129	82.7	14	9.0	13	8.3
25. The nurse should do accurate recordkeeping to establish evidence of abuse	126	80.8	13	8.3	17	10.9
26. I have never heard of the UN Convention on the Rights of the Child**	43	27.6	84	53.8	29	18.6
27. Saudi Arabia doesn't ratified the Convention on the Rights of Child**	32	20.5	73	46.8	51	32.7
28. In Islam child rights are due even before birth.	130	83.3	10	6.4	16	10.3
29. Saudi Arabia does not have any organization to deal with the reported cases of child abuse and neglect**	41	26.3	85	54.5	30	19.2
30. Child abuse and neglect is not an important social problem in KSA**	37	23.7	101	64.7	18	11.5
<b>Mean score of correct answers (9 items)</b>	<b>4.87 ± 1.59</b>					
<b>Mean Total score of correct answers (30 items)</b>	<b>16.62 ± 4.83</b>					

\* \*\*reverse questions

**Table (4) Distribution of participants according to their attitudes about child abuse and neglect**

	Items	Strongly disagree	Disagree	Agree	Strongly agree	mean
1.	I would probably act to prevent child abuse from occurring	0	4 2.6%	34 21.8%	118 75.6%	3.73 ± 0.49
2.	I am confident in my ability to identify risk factors of child abuse.	2 1.3%	9 5.8%	81 51.9%	64 41%	3.32 ± 0.64
3.	I am confident in my ability to identify suspected cases of child abuse.	4 2.6%	18 11.5%	76 48.7%	58 37.2%	3.2 ± 0.74
4.	I could comfortably deal with an emotionally abused child	12 7.7%	36 23.1%	71 45.5%	37 23.7%	2.85 ± 0.87
5.	I could comfortably deal with the person who caused emotional abuse of a child	13 8.3%	55 35.5%	59 37.8%	29 18.6%	2.66 ± 0.87
6.	I could comfortably deal with a physically abused child	8 5.1%	35 22.4%	80 51.3%	33 21.25	2.88 ± 0.79
7.	I could comfortably deal with the person who caused physical abuse if the abuser were the child's mother	11 7.1%	59 37.8%	62 39.7%	24 15.4%	2.63 ± 0.82
8.	I am confident that I will be able to manage physically abused child as I am able to deal with any other sick child.	15 9.6%	22 14.1%	69 44.2%	50 32.1%	2.65 ± 0.93
9.	I could comfortably deal with a sexually abused child	18 11.5%	50 32.1%	56 35.9%	32 20.5%	2.35 ± 0.93
10.	I could comfortably deal with the person who caused sexual abuse if the abuser were the child's father	31 19.9%	57 36.5%	49 31.4%	19 12.2%	3.07 ± 0.86
11.	I am confident that I will be able to manage sexually abused child as I am able to deal with any other sick child.	9 5.8%	42 26.9%	71 45.5%	34 21.8%	2.95 ± 0.78
12.	I am confident in my ability to report child abuse and neglect	11 7.1%	20 12.8%	71 45.5%	54 34.6%	2.99 ± 0.96
13.	I would properly wait for the doctor to deal with abused child	4 2.6%	39 25%	73 46.8%	40 25.6%	2.98 ± 0.92
14.	I would probably act to ensure that the abuse remains a secret	15 9.6%	28 17.9%	56 35.9%	57 36.5%	2.83 ± 0.83
15.	I would probably act to isolate the abused child from abuser	12 7.7%	30 19.2%	70 44.9%	44 28.2%	2.93 ± 0.88
16.	I am interested to be told what happens to the child after I report child abuse or neglect	7 4.5%	24 15.4%	64 41%	61 39.1%	3.14 ± 0.84
17.	I would probably act to do accurate recordkeeping as an evidence of abuse.	7 4.5%	15 9.6%	58 37.2%	76 48.7%	3.3 ± 0.82
<b>Total attitudes mean score</b>				<b>34.45 ± 7.196</b>		
<b>Mean of total attitudes scale</b>				<b>2.97 ± 0.42</b>		

**Table 5 Relationship between students' attitudes and knowledge and their sources of information**

Source of information	Attitudes	Knowledge
<b>Courses covered child abuse and neglect:</b>	0.001*	0.107
-Community health and health education	.001*	0.323
-Family health and child protection	0.001*	0.026*
-Growth and development	0.001*	0.618
-Society and health	0.001*	0.297
-Nursing care of children and their families	0.001*	0.041*
<b>Mass media (e.g. TV, radio, newspaper)</b>	0.243	0.688
<b>Books</b>	0.432	0.639
<b>Internet</b>	0.386	0.386
<b>Workshops in child abuse and neglect</b>	0.975	0.497
<b>Friends</b>	0.719	0.880

*p*: *p* value for F test (ANOVA)      \*: Statistically significant at  $p \leq 0.05$

**Table (6) Correlation between age of the students, total attitudes scale and score of knowledge**

		Age of the students	Total attitudes	Total knowledge
Age of the students	Pearson Correlation		-.183*	.047
	Sig. (2-tailed)		.022	.558
Total attitudes	Pearson Correlation	-.183*		-.134-
	Sig. (2-tailed)	.022		.096
Total knowledge	Pearson Correlation	.047	-.134-	
	Sig. (2-tailed)	.558	.096	

\* Statistically significant at  $p \leq 0.05$

**Table (7) Relationship between the mean attitudes and score of knowledge and the students' stream**

	Stream 1	Stream 2	T- test
	Mean score	Mean score	
Mean Total Attitudes (4)	2.95 ± 0.43	3.01 ± 0.39	0.399
Total correct knowledge score (30)	17.33 ± 4.76	15.35 ± 4.72	0.014*

\* Statistically significant at  $p \leq 0.05$

#### 4. Discussion

Nurses interact with children in a variety of hospital and community based settings and it is mandatory to report suspected cases. Adequate knowledge about and appropriate attitudes toward child maltreatment are required to recognize suspected cases and intervene appropriately. **Alvarez (2003)** and **Berkowitz (2008)** report that professionals often lack adequate knowledge of the signs and symptoms of the various types of CAN and this can lead to failure to recognize the occurrence of this problem. <sup>(24, 25)</sup>

In the current study, the participants appeared to be aware of their notification responsibility as 84.6% agreed that it is mandatory for all nurses to report suspected cases of child abuse and neglect. These results are in accordance with **Flaherty, (2000)** who reported that health providers who had some formal education in child abuse after residency were 10 times more likely to report all abuse than were health providers who had none. <sup>(26)</sup> Furthermore, **Waibel-Duncan (2006)** conducted a study involving 71 upper level undergraduate nursing students to investigate their thoughts about their future professional responsibility to screen children and families for child neglect. The participants reported confidence in their ability to screen for neglect and to better the lives of children and families through a universal screening procedure. <sup>(27)</sup> However, a study by **Feng and Levin (2005)** concluded that nurses in Taiwan accepted responsibility for reporting but they believed that their professional preparation for reporting was inadequate. <sup>(28)</sup>

The data from the present study revealed that the participants had positive attitudes towards the prevention of CAN, and expressed confidence in their

abilities to identify risk factors and suspected cases. In contrast to this, **Manea (2007)** studied dentists' perceptions, attitudes, knowledge, and experiences about CAN in northeast Italy. The researcher found that dentists had poor attitudes about child abuse and neglect. <sup>(29)</sup> In addition, results of study done by **Acik (2004)** indicated that primary care physicians working in the eastern cities of Turkey do not have adequate knowledge and proper attitudes toward the identification and reporting of suspected child abuse cases, and that primary care physicians working in the eastern cities of Turkey do not have adequate knowledge and proper attitudes toward the identification and reporting of suspected child abuse cases. There is a need for educational programs to enable primary care physicians and other health personals working with child abuse and neglect to increase their knowledge and skills in detection, assessment, reporting, treatment, and prevention of child abuse and neglect <sup>(30)</sup>.

The participants in this current study were more comfortable when dealing with victims of emotional and physical abuse than sexual abuse. These results are in accordance with a study done by **Seidl (1993)** who found that nurses were most comfortable dealing with emotional and physical abuse and least comfortable with sexual abuse cases. <sup>(31)</sup> Similarly, **Shrestha (2006)** who found that health practitioners felt most comfortable in administering care to physically abused children and least comfortable in dealing with sexually abused children <sup>(3)</sup>.

Surprisingly, in this current study the participants were found to be positive about their ability to deal with the sexual abuser if the abuser is the child's father rather than the victim. On the contrary,



**Feng (2005)** found that Taiwanese nurses had negative attitudes toward parents who abuse their children<sup>(28)</sup>.

The present findings revealed that the attitudes of participants who completed the courses that covered the studied topic were significantly more positive towards prevention, recognizing and dealing with victims of CAN compared to those who did not attend these courses. Two courses, namely "Family Health and Child Protection" and "Nursing Care of Children and their Families" significantly affected their knowledge and attitudes positively. This difference could possibly be attributed to the fact that these courses contain direct information about that issue causing enrichment of their knowledge. It means that the studied courses that covered the child abuse and neglect affected not only the student nurses knowledge but also their attitudes toward the studied issue.

Regarding the differences between stream I students and stream II the results showed better knowledge and attitudes however the knowledge only was statistically different. This difference can be explained by the fact that "Family Health and Child Protection" course is included in the stream I curriculum only and to the difference in the social characteristics of the two group including their age, marital status.

Although the first and second sources of information about CAN were the mass media and the internet, these sources did not statistically affect their knowledge. However, the knowledge levels of the participants who completed either the "Family Health and Child Protection" course or the "Nursing Care of Children and their Families" course were significantly higher than the knowledge levels of those who did not complete the courses.

A significant negative relationship existed between the age of the participants and their attitudes towards child abuse. Older students scored lower on the total attitudes scale compared to their younger counterparts. On the contrary, DeMattei (2009) found that nursing students and students older than 25 years were those likely to report child abuse and neglect. (20)

## 5. Conclusion

The results indicated that students, who had completed courses related to child abuse and neglect, showed higher levels of knowledge and more positive attitudes than those who did not complete the courses. It was concluded that completing courses related to the studied issue benefited students in improving their knowledge and attitudes about child abuse and neglect. Older students scored lower on the total attitudes scale compared to their younger counterparts

## Recommendations

Orientation program after graduation during internship and before starting their career should

include the reporting process of suspected cases of child abuse and neglect to the Suspected Child Abuse and Neglect (SCAN) committee at King Abdulaziz Medical City - Western Region (KAMC-WR).

Continuing in-service education about child abuse and neglect and reporting system to maintain their knowledge and improve their skills in detection, assessment, reporting, treatment, and prevention of child abuse and neglect.

Referring to the current study, CON-J strives to ensure that its graduates have sufficient knowledge and the appropriate attitudes that would enable them to increase public awareness about this problem, recognize suspected victims of child abuse and neglect, give the required nursing care to them and do the necessary reporting. The results indicate the readiness of the student nurses to contribute towards combatting this important health problem.

## Acknowledgments

Our appreciation is directed to the students who participated in the study

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