



Original Article

Awareness of child abuse and neglect among students

✉ Gülzade Uysal,¹ ✉ Gülçin Bozkurt,² ✉ Duygu Sönmez Düzkaya³

¹Department of Nursing, İstanbul Okan University Faculty of Health Sciences, İstanbul, Turkey

²Department of Midwifery, İstanbul University-Cerrahpaşa, Faculty of Health Sciences, İstanbul, Turkey

³Department of Nursing, Tarsus University Faculty of Health Sciences, Mersin, Turkey

Abstract

Objectives: This descriptive study was conducted to determine the level of awareness of child abuse and neglect (CAN) among students at a private university in İstanbul, Turkey.

Methods: The study sample comprised 1533 students from all faculties and colleges of the university selected using the stratified sampling method. A demographic information form and the Child Abuse and Neglect Awareness Scale (CANAS) were used to collect the study data.

Results: The findings revealed that 30.5% of the students had received some instruction about CAN and 72.9% indicated that they wanted lectures on CAN to be added to the curriculum. The mean total score of the CANAS and the mean scores of the physical abuse, emotional abuse, and neglect subscales were statistically significantly higher among female students ($p < 0.05$). The physical abuse and neglect subscale scores of students who had formal education on abuse were higher than those of students who had not ($p < 0.05$).

Conclusion: The female students and those who had received instruction about abuse had greater awareness of abuse and neglect. Broader coverage in the curriculum may increase the awareness of all students and help to enhance public understanding.

Keywords: Child abuse; neglect; university student.

What is presently known on this subject?

- Child abuse and neglect is a significant and growing problem with a substantial impact on the child and on society, as it has associated medical, legal, and other costs.

What does this article add to the existing knowledge?

- The research indicated that female university students and those who had received related instruction had a greater awareness of child abuse and neglect.

What are the implications for practice?

- The findings suggest that increased instruction related to child abuse and neglect would raise awareness of this issue and benefit society.

Child abuse and neglect (CAN) leaves a lifelong impression on the victim and is an important public health problem with medical, legal, and social dimensions.^[1-3] Types of abuse

include physical, emotional, and sexual maltreatment, as well as neglect.^[4,5] It has been reported that abuse and violence against children has increased by 90% in recent years, that 95% of offenders remain unidentified, and only 1/1000 incestuous relationships are exposed.^[4] It was estimated that 3.5 million children had experienced abuse and neglect in the USA in 2016, with 78.8% exposed to neglect, 18.2% to physical abuse, 8.5% to sexual abuse, and 6.9% to emotional abuse and other forms of maltreatment.^[6] The results of a public health survey in Canada indicated that 32% of the adult population reported exposure to child abuse, including physical abuse (26%), and sexual abuse (10%).^[1] In Turkey, CAN is thought to be a significant and growing problem, and it is recognized that the available statistics likely do not accurately reflect

Address for correspondence: Gülzade Uysal, İstanbul Okan Üniversitesi, Sağlık Bilimleri Fakültesi, İstanbul, Turkey

Phone: +90 216 677 16 30 / 3847 **E-mail:** gulzade.uysal@okan.edu.tr **ORCID:** 0000-0002-1019-852X

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the true prevalence. Turkish Statistical Institute data recorded an increase in the number of child victims from 74,064 in 2014 to 83,552 in 2016.^[7] In a 2010 UNICEF (United Nations Children's Fund) survey conducted in Turkey, it was observed that among a group aged 7-18, 56% percent had witnessed physical abuse, 49% emotional abuse, and 10% percent sexual abuse.^[8] Prevention and early intervention is very important to protect children and promote a healthy society. Serious emotional and developmental problems, such as depression, leaving home, school and social difficulties, delinquency, drug and alcohol misuse, and sex crimes, can be prevented by adequately addressing the family needs at an early stage.^[9]

The identification of CAN can be problematic. The activity generally occurs in private, the child may be threatened not to tell anyone, and the child's feelings of guilt or shame and desire that loved ones not be harmed can contribute to the difficulty.^[5] Greater awareness in the community, especially among family members, education personnel, legal and law enforcement personnel, social services staff, and medical personnel can prevent abuse and help with the provision of appropriate care.^[10] It is important to use a multidisciplinary approach to CAN. Adults with ethical, moral, and legal obligations for the welfare of children should be aware of the signs and symptoms of CAN.^[11] Doctors, psychologists, nurses, midwives, child development specialists, social workers, and other health and welfare professionals in particular have important responsibilities related to CAN.^[2] It has been suggested that health service providers should be given greater training on how to effectively diagnose and manage CAN both before and after graduation.^[11] In fact, it has been recommended that all university students receive instruction on abuse and neglect.^[11-14]

A steady increase in reports of CAN is an indicator of the need to raise awareness and provide additional measures to comprehensively address the problem. This study was conducted to determine the level of CAN awareness among students at an Istanbul university.

Materials and Method

Prior to initiating data collection, approval was granted by the Ethics Committee of Okan University on December 11, 2017 (no: 89/15). Study participation was voluntary and the students were informed about the aim and methods to be used before providing written consent. The research was conducted in accordance with the principles of the Declaration of Helsinki.

Study Sample

This descriptive study was carried out between October 2017 and January 2018 at a private university located in Istanbul. The study population comprised all of the students of all of the university faculties and colleges (N: 26,512). The stratified sampling method was used to select 1533 students for the research.

Data Collection

An 11-question data collection form and the 20-question Child Abuse and Neglect Awareness Scale (CANAS) were used to collect the study data. The Cronbach alpha value of the CANAS was 0.746.

Altan^[10] and a group of experts developed and validated the CANAS. A total of 20 items are measured in 4 subscales: physical abuse (questions 4,9,13,15,18), sexual abuse (6,7,11,17,20), emotional abuse (8,10,14,16,19), and neglect (1,2,3,5,12). A 5-point Likert-type scale is used to score each item from 1 to 5 to express the level of agreement from "strongly agree" to "strongly disagree." The possible score ranges from 20 to 100, and each subscale score can range from 5 to 25 points. A higher score indicates greater awareness of child abuse. Altan reported a Cronbach alpha value of 0.768.

The researchers explained the study and distributed the forms to the participants. The forms were completed with self-statements in 15–20 minutes.

Statistical Analysis

The study data were analyzed using IBM SPSS Statistics for Windows, Version 21.0 (IBM Corp., Armonk, NY, USA). Descriptive statistics of number, percentage, mean and SD were calculated to evaluate the data. The distribution of numerical variables was evaluated using the Kolmogorov-Smirnov test. Comparisons were made using a t-test and analysis of variance. The level of significance was $p < 0.05$.

Results

Student descriptive characteristics are presented in Table 1. It was determined that 56% of the students were female, 82.5% were 18–22 years of age, 30.5% had received instruction on child abuse, and 72.9% indicated that the lectures about the child abuse should be added to the curriculum (Table 1).

The mean CANAS scores are provided in Table 2. The mean total score was 76.34 ± 9.37 (min-max: 48–100). Table 3 illustrates a comparison of the student descriptive characteristics and the mean scale scores. The total score and 3 subscale scores (physical abuse, emotional abuse, and neglect) of female students were statistically significantly higher than those of male students ($p < 0.05$). The CANAS total score and the mean scores of the sexual and emotional abuse subscales in the 18–22 age group were statistically higher than the 23–28 age group ($p < 0.05$). The CANAS total score and subscale scores of students living in extended families were significantly lower than those living in nuclear families and separated families ($p < 0.05$). The mean physical abuse and neglect subscale scores of students who had previous education about abuse and neglect were statistically significantly higher than those who had no prior instruction on the subject ($p < 0.05$). It was also noted that the CANAS total

Table 1. Characteristics of the students (n=1533)

Characteristics	n	%
Gender		
Male	675	44.0
Female	858	56.0
Age (years)		
18–22	1264	82.5
23–28	269	17.5
Class		
1 st year	492	32.1
2 nd year	572	37.3
3 rd year	290	18.9
4 th year	179	11.7
Family type		
Nuclear family	1104	72.0
Extended family	226	14.7
Divorced family	203	13.3
Income status		
Income less than expenses	645	42.1
Income equal to expenses	759	49.5
Income greater than expenses	129	8.4
Training on abuse		
Yes	467	30.5
No	1066	69.5
Request addition of abuse-oriented courses to the curriculum		
Yes	1177	72.9
No	416	27.1

Table 2. The mean CANAS subscale and total scores (n=1533)

Scale	Mean±SD	Min-Max
Physical abuse subscale	20.02±3.80	7–25
Sexual abuse subscale	18.23±3.24	8–25
Emotional abuse subscale	17.27±2.92	7–25
Neglect subscale	20.81±2.60	8–25
CANAS total	76.34±9.37	48–100

CANAS: Child Abuse and Neglect Awareness Scale; SD: Standard deviation.

score and subscale scores of the students who indicated a desire to have courses related to child abuse added to the curriculum were significantly higher than those who did not ($p < 0.05$).

Discussion

It is important that individuals throughout society, but particularly those with specific ethical, moral, and legal responsibilities related to the prevention, diagnosis, and treatment of CAN, be aware of the symptoms of abuse. Health profes-

sionals, child development specialists, and social workers are among those who have an important role in the fight against CAN; however, the research on this subject remains insufficient. Beyazıt^[2] examined 63 graduate theses on the subject of child abuse in Turkey submitted between 1998 and 2013 and reported that only 15 (23.81%) were related to knowledge and awareness of child abuse.

Kara et al.^[11] found female doctors demonstrated greater knowledge of child abuse than male doctors. Işık Metinyurt and Yıldırım Sarı^[15] also reported that females were more familiar with the behavioral symptoms of CAN than males. Our results were consistent with literature findings indicating greater awareness among women.

In this study, approximately one-third of the students had received instruction related to CAN. The evaluation of abuse varies among occupational groups.^[2] In a study of health workers,^[15] Işık Metinyurt and Yıldırım Sarı^[15] found that 59% of the participants had not received education about CAN during their undergraduate education. Kocaeli^[16] determined that 48.6% of the physicians and 27.9% of the nurses evaluated had received CAN-related instruction. Burç and Güdücü Tüfekçi^[17] found that 52.5% of the nurses studied had not received any education about CAN. Similarly, Türker^[18] observed that 38.8% of the nurses and midwives assessed had not received any CAN-related instruction. Akgün Kostak et al.^[3] found that 40.8% of the students of a faculty of health sciences (n: 397) had been trained about CAN. Pala^[13] reported that 91.2% of preservice teachers had not received CAN instruction. Gölge et al.^[19] observed that 54.1% of physicians and 62.3% of nurses had been instructed about CAN. Fraser et al.^[20] noted that while nurses were confident and knowledgeable in their obligation to report physical and sexual abuse, their knowledge of emotional abuse and neglect was weaker. Professionals of various occupations have a duty to report suspected abuse; however, they are often not adequately trained to fulfill that obligation. The addition of CAN-related instruction at the university level could be very useful.

Training leads to a higher level of awareness of CAN. Pediatricians, nurses, and teachers play a very important role in detecting and reporting child abuse given their extensive contact with children.^[14] It has been reported that preservice teachers who received instruction on CAN were more able to assess the symptoms of abuse than those who had not been trained in the subject.^[21] Bağ^[22] found that teachers who had been educated about CAN demonstrated good knowledge of behavioral symptoms. Sağır^[23] also reported that teachers who had been trained to recognize CAN had a higher level of awareness. Herenden et al.^[24] found that informed pediatric nurses were more successful at diagnosing abuse and neglect. Kara et al.^[11] determined that the knowledge level of those who had not received education about CAN was lower than that of those who had been trained. Our results are consistent with the results of similar research. To raise awareness of CAN,

Table 3. Comparison of descriptive characteristics and the mean CANAS scores (n=1533)

Characteristics	CANAS total	Physical abuse	Sexual abuse	Emotional abuse	Neglect
	Mean±SD	Mean±SD	Mean±SD	Mean±SD	Mean±SD
Gender					
Male	75.10±9.22	19.63±3.77	18.08±3.35	16.85±2.75	20.53±2.59
Female	77.32±9.38	20.33±3.80	18.35±3.15	17.59±3.01	21.03±2.60
t/p	-4.625/0.001*	-3.613/0.001*	-1.616/0.106	-5.010/0.001*	-3.752/0.001*
Age (years)					
18–22	76.60±9.33	20.04±3.74	18.35±3.20	17.38±2.96	20.81±2.59
23–28	75.14±9.46	19.93±4.09	17.67±3.37	16.75±2.69	20.78±2.67
t/p	2.319/0.021*	0.405/0.685	3.129/0.002*	3.431/0.001*	0.209/0.835
Class					
1 st year	76.89±9.24	20.14±3.79	18.32±3.22	17.48±2.87	20.92±2.64
2 nd year	75.84±9.38	19.77±3.77	18.21±3.22	17.25±3.01	20.59±2.60
3 rd year	76.49±9.06	20.44±3.59	18.23±3.13	16.87±2.82	20.95±2.43
4 th year	76.20±10.14	19.82±4.23	18.05±3.53	17.37±2.89	20.94±2.75
F/p	1.142/0.331	2.357/0.070	0.319/0.812	2.604/0.059	2.009/0.111
Family type					
Nuclear family	76.84±8.84	20.29±3.59	18.22±3.10	17.38±2.87	20.93±2.51
Extended family	73.92±10.13	19.15±4.22	17.79±3.45	16.67±3.01	20.30±2.66
Divorced family	76.34±10.83	19.53±4.25	18.80±3.64	17.31±2.99	20.68±2.93
F/p	9.186/0.001*	10.542/0.001*	5.312/0.005*	5.654/0.004*	5.789/0.003*
	2<1.3	2<1.3	2<1.3	2<1.3	2<1.3
Income status					
Less than expenses	76.73±9.24	20.15±3.73	18.37±3.31	17.18±2.92	21.01±2.45
Equal to expenses	76.28±9.36	20.01±3.85	18.18±3.15	17.34±2.86	20.73±2.63
Greater than expenses	74.78±9.96	19.47±3.90	17.81±3.35	17.26±3.27	23.07±3.07
F/p	2.379/0.093	1.756/0.173	1.815/0.163	0.525/0.592	5.472/0.004*
					3>1.2
Training on abuse					
Yes	76.94±8.71	20.51±3.49	18.36±2.94	17.00±2.81	21.06±2.39
No	76.08±9.64	19.81±3.92	18.18±3.36	17.39±2.96	20.70±2.68
t/p	1.712/0.087	3.472/0.001*	1.071/0.285	-2.445/0.015*	2.619/0.009*
Request addition of abuse-oriented courses to the curriculum					
Yes	77.27±8.97	20.33±3.77	18.43±3.71	17.37±2.85	21.12±2.37
No	73.85±9.95	19.20±3.78	17.70±3.36	16.99±3.08	19.95±2.98
t/p	6.432/0.001*	5.191/0.001*	3.941/0.001*	2.304/0.021*	8.011/0.001*

t: Independent t-test, one-way analysis of variance; p<0.05. CANAS: Child Abuse and Neglect Awareness Scale; SD: Standard deviation.

we recommend that every university student be educated on this subject.

It has been reported in the literature that when teachers have greater knowledge of CAN it can be an effective means of prevention.^[14,25–27] We observed that students who approved the addition of courses on abuse the curriculum had a higher awareness of CAN than those who did not. Kenny^[12] found that most teachers did not recognize the symptoms of child maltreatment and pointed to the need for education on this issue. Feng et al.^[28] also found that teachers who had insuff-

icient knowledge about CAN were not adequately able to recognize the symptoms. The awareness of CAN of teachers and healthcare personnel working with children was also observed to be insufficient by Schols et al.^[14] and they noted the importance of pre-graduation training. Yehuda et al.^[29] stated that despite experience, many Israeli health professionals expressed interest in CAN training.

Limitations

Since this research was conducted with the students of only a

single university and based on self-reports, the interpretation of the results is limited.

Conclusion

It was determined that the female students were more knowledgeable of CAN, and that awareness was greater among those who had received instruction about CAN. In order to increase awareness and prevention of abuse and to reduce the substantial associated costs, it is recommended that CAN guidance be added to university curricula.

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