# The effect of training program on the knowledge level of midwifery students about child abuse

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## Abstract

**Context:** Midwives are in a key position given that they are the first members of the healthcare profession to meet the baby and the family in both the treatment and the rehabilitative setting.

**Aim:** The present study aimed to determine the awareness levels of midwifery students on child abuse and neglect, and to evaluate the efficacy of a planned training on this issue.

**Setting and Design:** A semi-experimental study was performed in a Health Sciences Faculty, Turkey.

**Materials and Methods:** Midwifery students ($n = 85$) enrolled in a Health Sciences Faculty comprised the sample of the study. The data were collected using a sociodemographic characteristics form and the Scale for the Identification of Symptoms and Risks of Child Abuse and Neglect (SISRCAN).

**Statistical Analysis Used:** The study included a pretest, a training program on child abuse and neglect, and a posttest, and the data were analyzed using SPSS 21.0. Number, percentage, mean, paired samples $t$-test, and Wilcoxon test were used for the comparison of the values. A statistical significance level of $P = 0.05$ was applied.

**Results:** Among the participants, 61.2% stated that they had encountered cases of child abuse before while 40% stated that they themselves had experienced child abuse. The participants' mean posttraining score on the whole SISRCAN and their mean posttraining scores on the subscales of "physical symptoms of the child," "behavioral symptoms of child abuse," "characteristics of parents prone to abusing and neglecting their children," and "neglect and familial characteristics in child abuse and neglect" were found to significantly differ statistically ($P < 0.001$) compared to the mean scores they obtained in pretraining on the total scale and the mentioned subscales.

**Conclusion:** Training programs that aim to raise the knowledge level of midwifery student, who play an especially important role in children's health, on child abuse and neglect in their future career should be planned and implemented effectively by the managers of health-care centers and hospitals.

**Keywords:** Child abuse and neglect, Midwifery student, Training

## INTRODUCTION

Child abuse is defined as any type of situation wherein a child in the 0–12 age range is exposed to harmful, deliberate, and preventable treatment by the person or persons who are responsible for looking after them. Child abuse can be in the form of physical abuse, sexual abuse, and emotional abuse. Neglect, however, occurs when the person who is responsible for looking after a child does not fulfill his/her

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obligation and fails to give enough physical and/or emotional care or attention to the child. It is also defined as failing to provide necessary nutrition, clothing, medical needs, and/or emotional needs, or as the lack of interest in securing optimal living conditions for a child. The most basic distinction between neglect and abuse is that the former is passive while the latter is an active kind of behavior.[1,2] According to data published by the World Health Organization, 40 million children in the 1–14 years of age range are exposed to abuse or neglect and need support. The incidence of child abuse in the world lies somewhere between 1% and 10%, whereas in Turkey, it is between 10% and 53%.[3,4]

A multidisciplinary team approach should be adopted to prevent child abuse and neglect. On this team, social service experts, doctors, midwives, nurses, teachers, and child development specialists each have important responsibilities. Considering that often it is the incompetence of healthcare providers that leads to failures to recognize cases of neglect in individuals who are present in hospitals, it is very important to train health-care providers on child abuse and neglect.[5-7] Midwives are in a key position given that they are the first members of the healthcare profession to meet the baby and the family in both the treatment and the rehabilitative setting. Moreover, they play an important role in identifying incidences of abuse and neglect, as they are the health-care providers who monitor healthy children, diagnose children in hospital settings and engage in long-term observation of children and families during treatment and rehabilitation.[8-10] The midwifery should be equipped with the knowledge, skills, and attitudes necessary to manage the child abuse and neglect adequately and effectively. To be able to do this, midwifery needs to have adequate training during their training. Midwifery students who proceed step by step to their professions will encounter child neglect and abuse cases during their professional lives. For this reason, it is considered that midwifery students should have knowledge about the identification of child neglect and abuse during their education. It is imperative that candidate midwives are informed about this issue so that they can diagnose child abuse and neglect early and take the necessary measures to address them.[4,8,9] In this study, it was aimed to determine the awareness levels of midwifery students on child abuse and neglect, and to evaluate the efficacy of a planned training on this issue.

## MATERIALS AND METHODS

### Type of study

This study applied a semi-experimental design to determine the knowledge level of midwifery students on child abuse and neglect, and to evaluate the efficacy of a planned training on this issue.

### The study population and sampling

The study population included third-year students ($n = 91$) in a Health Sciences Faculty Department of Midwifery in Turkey who were enrolled in the Pediatrics and Child Health course. The students who were present in the classroom ($n = 85$) on the day this study was introduced to the class and who agreed to participate in the study and completed all the required preliminary forms constituted the sample of the study.

Exclusion criteria were imperfect completion of the questionnaire. In this case, the sample was excluded from the study, and another was replaced. The study was conducted with 91 students who accepted to participate in the study in accordance with the principle of volunteerism. 93% of the universe was reached.

### Data collection tools

The data were collected using forms. The questionnaire consisted of three parts. The first part included demographic characteristics (age, sex, and marriage) and their experiences of child abuse and neglect and included nine questions. The second part related to student knowledge of child abuse and neglect and included five questions. The third part was the Scale for the Identification of Symptoms and Risks of Child Abuse and Neglect (SISRCAN).

SISRCAN was developed by Uysal, and the validity and reliability studies for the scale were completed. Organized as a 5-point Likert-type scale, SISRCAN includes 67-item under the following six subscales: (1) physical symptoms of child abuse, (2) behavioral symptoms of child abuse, (3) effects of neglect on the child, (4) characteristics of parents prone to abusing and neglecting their children, (5) characteristics of children prone to being abused and neglected, and (6) neglect and familial characteristics in child abuse and neglect. Response options on the scale included "very true," "quite true," "neutral," "not quite true," and "not true," and the scale is evaluated based on scores between 1 and 5. Mean scores of or closer 5 indicate that the participants answered the questions correctly while mean scores of or closer to 1 mean they answered the questions incorrectly. Mean scores of the items were calculated. A mean score toward 5 shows that the answer is correct and a decrease from 3 indicates that the answer is wrong. Within the scope of internal consistency, Cronbach's Alpha coefficient is 0.924, and coefficients of subscales range from 0.596 to 0.892.[11] In this study, it was calculated as 0.88. According to this value, we can say that the survey is highly valid and reliable.

## Data collection

After the aim of the study was explained to the students and their verbal consent to participate was obtained, the sociodemographic characteristics form and SISRCAN were distributed to them, and they were asked to complete the forms. The students then underwent a 45-min training in faculty session on the identification of symptoms and risks of child abuse and neglect. The content of this training included the meanings of abuse and neglect, their types and their qualities, and the duties and responsibilities of the health team. Visual materials (PowerPoint presentation, photos, and press news) were utilized in the training and any questions the students had were answered at the end of the session. One week later, the SISRCAN form was once again distributed to the students, and they were asked to complete it. The study included a pretest, a training program on child abuse and neglect and a posttest.

## Data evaluation

The data were analyzed using SPSS 20 (IBM, Armonk, NY, United States of America). Number, percentage, mean, and significance test of the difference between two means (paired samples $t$-test) and the significance test of the difference between two dependent groups (Wilcoxon test) were used for the comparison of the values. A statistical significance level of $P = 0.05$ was applied.

## Ethical consideration

Approval of the Ethics Committee of the institution wherein the study was conducted was received for the study (B.30.2.ODM.0.20.0871516). After the students were informed of the voluntary nature of their participation in the study and provided with information on the aims and objectives of the study and how the results would be used, their informed consent to participate was obtained verbally.

The students were told that the information obtained about them would not be disclosed to others and that the "privacy policy" would be strictly followed.

## RESULTS

The average age of the participants was $21.32 \pm 1.06$ years (minimum 20 – maximum 25), and all midwifery students were females and single 85 (%100). Of the students, 77.6% had received training on child abuse before, 85.9% reported that this subject should be included in the school curriculum. Furthermore, 61.2% of the students had encountered child abuse and 40% of them had experienced child abuse themselves. To continue, 23.5% of the students had experienced emotional abuse (constant criticism, humiliation, and contempt) along with physical abuse, 14% reported that the abuse had mostly occurred when they were between 7 and 14 years old, and 15.3% noted that they had been mostly abused by their first-degree relatives (mother, father, and sibling) [Table 1].

In examining the knowledge levels, the students had about child abuse before training, 90.6% of the students knew what to do when they encountered an incident of abuse, and 85.9% noted they would inform the related institutions in the case of suspected abuse. In terms of what qualified as a type of child abuse, 89.4% of the students felt that beating a child without a reason, 83.5% felt that imposing corporal punishment when a child misbehaves, 90.6% felt that threatening to beat a child, 72.9% felt that softly flicking a child to warn or discipline them, and 100% felt that touching a child sexually qualified as kinds of child abuse. Furthermore, 92.9% of the students reported that abuse should be suspected whenever they see signs of assault and battery on the child's body. All the participants (100.0%)

**Table 1: Distribution of midwifery students' experiences of child abuse**

| Questions | Answers | n (%) |
|---|---|---|
| Have you ever been informed about child abuse and neglect? | Yes | 66 (77.6) |
| | No | 19 (22.4) |
| Do you think training on child abuse at school should be included in the school curriculum? | Yes | 73 (85.9) |
| | No | 12 (14.1) |
| Have you ever witnessed a case of child abuse and/or neglect? | Yes | 52 (61.2) |
| | No | 33 (38.8) |
| Have you ever been abused at any period of your life? | Yes | 34 (40.0) |
| If your answer is "Yes", what kind of abuse were you subjected to? | I have never been abused | 51 (60.0) |
| | Physical and emotional abuse | 20 (23.5) |
| | Molestation | 14 (16.5) |
| If you think that you were abused, how old were you when this occurred? | I have never been abused | 51 (60.0) |
| | Between 0 and 6 years of age | 11 (12.9) |
| | Between 7 and 14 years of age | 12 (14.1) |
| | 15 years of age and over | 11 (12.9) |
| If you think you were abused, what is the relationship you had with the person who had abused you? | I have never been abused | 51 (60.0) |
| | First-degree relative | 13 (15.3) |
| | Someone I know (a relative, a teacher, a friend) | 10 (11.8) |
| | Someone I do not know | 11 (12.9) |

stated that repeated violent incidents in the family should be notified to the proper judicial authorities and that they perceived marriages involving individuals 18 years of age or under as a form of child abuse [Table 2].

The students' mean score on SISRCAN was 237.77 ± 17.15 before the training, while after the training, it was 252.61 ± 23.72. In the evaluation of the subscales of SISRCAN, the mean scores obtained on the "physical symptoms of abuse on children," "behavioral symptoms of child abuse in the child," "characteristics of child prone to being abused and neglected," "characteristics of parents who are prone to abusing and neglecting their children," and "parental characteristics" subscales before

**Table 2: Knowledge levels of students on child abuse**

| Knowledge levels of students on child abuse | Yes or No | n (%) |
|---|---|---|
| Do you know what you should do when you face an incident of child abuse? | Yes | 77 (90.6) |
| | No | 8 (9.4) |
| What do you do when you face an incident of child abuse? | | |
| I intervene personally | Yes | 57 (67.1) |
| | No | 28 (32.9) |
| I inform the relevant institution | Yes | 73 (85.9) |
| | No | 12 (14.1) |
| I do not inform the relevant institution; I personally warn the abuser | Yes | 12 (14.1) |
| | No | 73 (85.9) |
| I do nothing | Yes | 8 (9.4) |
| | No | 77 (90.6) |
| Do you think the following cases can be described as child abuse? | | |
| Beating a child without a reason | Yes | 76 (89.4) |
| | No | 9 (10.6) |
| Imposing corporal punishment when the child misbehaves | Yes | 71 (83.5) |
| | No | 14 (16.5) |
| Threatening to beat the child | Yes | 77 (90.6) |
| | No | 8 (9.4) |
| Flicking the child (a few flicks) softly to warn or discipline them | Yes | 62 (72.9) |
| | No | 23 (27.1) |
| Touching sexually | Yes | 85 (100.0) |
| | No | - |
| Do you suspect abuse when you see signs of assault and battery (bruising) on the body of a child? | Yes | 79 (92.9) |
| | No | 6 (7.1) |
| Should judicial authorities be informed about repetitive acts of violence? | Yes | 85 (100.0) |
| | No | - |
| Do you think marriages under 18 years are a form of abuse? | Yes | 85 (100.0) |
| | No | - |

the training significantly increased statistically following the training ($P < 0.05$). There was no statistically significant difference between the mean scores obtained on the "effects of neglect on children" before and after the training ($P > 0.05$) [Table 3].

## DISCUSSION

This study found that 77.6% of the students had received education on child abuse before. Other studies, however, have reported different results, such as the ones by Akgün and Vatansever, Işık and Yıldırım Sarı and Kurt and Gün who reported that 40.8%, 40%, and 28.9% of the students, respectively, had received training before on child abuse and neglect.[10,12,13]

In this study, 61.2% of the students had faced child abuse at one time in their lives, and 40% of them had actually experienced child abuse themselves. The study by Bozkurt et al. conducted with midwifery students reported that 40.6% of the students had been exposed to domestic violence and that 36.2% had actually witnessed it.[8] Tunçel et al. conducted a study with midwifery and nursing students and reported that 60.1% of the students had been exposed to physical violence by their parents during their childhood.[14] Akçay and Demiralay, in their study, stated that 5.3% of the student nurses had been exposed to neglect in the past.[15] Akgün and Vatansever reported that 11.6% of the students in health sciences had been exposed to violence during their childhood and that 14.4% of them had been neglected.[12]

Although the majority of the students in this study stated that beating children without a reason, inflicting corporal punishment on children when they misbehave or threating to beat them qualified as a form of abuse, 72.9% of them did not feel that softly flicking them to warn or discipline them was a form of abuse. It was found that punishment methods that could lead up to child abuse were commonly used in many cultures in the world and in our country, 64% of the mothers punished their children to discipline them

**Table 3: The mean scores on symptoms and risks of child abuse and neglect before and after the training**

| | Mean±SD (minimum-maximum) | | t-test*, P** |
|---|---|---|---|
| | Before the training | After the training | |
| The mean total SISRCAN scores | 238.77±17.15 (192-282) | 252.61±23.72 (166-324) | 4.17, <0.001 |
| Physical symptoms of child abuse | 69.10±6.83 (50-91) | 72.40±7.03 (48-95) | 2.84, 0.006 |
| Behavioral symptoms of child abuse | 55.31±5.67 (40-75) | 57.70±6.56 (40-75) | 2.44, 0.017 |
| Effects of neglect on the child | 27.34±3.21 (19-35) | 27.71±4.01 (13-35) | 0.68, 0.498 |
| The characteristics of parents prone to abusing and neglecting their children | 43.55±5.16 (32-58) | 45.75±6.27 (27-65) | 2.50, 0.014 |
| The characteristics of children prone to being abused and neglected | 15.34±2.28 (7-21) | 17.69±2.86 (12-25) | 6.17, <0.001 |
| Neglect and familial characteristics in child abuse and neglect | 28.11±3.16 (22-36) | 31.34±4.72 (12-40) | 5.31, <0.001 |

*t-test (paired samples t-test/Wilcoxon test), **P (<0.05). SD: Standard deviation, SISRCAN: Scale for the Identification of Symptoms and Risks of Child Abuse and Neglect

and especially behaviors including physical violence were common among discipline methods applied on children. In addition, punishing children by beating them is so taken for granted that there are even expressions about this such as ("Kızını dövmeyen dizini döver" [if you do not beat your daughter, you might regret it], "Dayak cennetten çıkmadır" [spare the rod and spoil the child], "Annenin/öğretmenin/babanın vurduğu yerde gül biter" [a rose will blossom wherever mother/teacher/father beats]).[16,17] According to the results of a study conducted by Elmalı *et al.*, 88.1% of midwives and nurses punish their children if they misbehave.[16] The findings showing that midwifery students do no perceive corporal punishment to be a form of abuse could be attributed to the fact that the use of corporal punishment on children as a form of discipline is a cultural norm in Turkey.

In the study, the mean score obtained by the students on the SISRCAN were low before the training, which suggested they did not have enough knowledge about this subject [Table 3]. The studies that have been conducted with students studying in health sciences in Turkey have revealed that their level of knowledge about child abuse and neglect is not satisfactory (low or medium level).[4,12,14,15] In addition, the studies that have been performed with working midwives and nurses in Turkey have found that they too do not have enough knowledge about child abuse and neglect and that they were in need of being better informed about the subject.[2,9,10,17,18] Studies conducted abroad, however, have obtained different results, with showing that students studying in health sciences cannot have enough knowledge about child abuse and neglect.[7,19-22] Moreover, others showing that the students have a high level of knowledge.[23,24]

This study found that the students' level of knowledge about child abuse and neglect increased after the training compared to their level before the training. Only in their level of knowledge about the symptoms of neglect on children was it found that no significant change occurred [Table 3]. Özbey *et al.* reported in their study that the mean SISRCAN scores obtained by the students were moderate and that those who had been trained on the subject had more knowledge than those who had not.[4] Studies conducted abroad have revealed that trainings on this subject improved the students' knowledge levels and attitudes.[25,26]

### Limitations
The present study has some limitations. First of all, the study was conducted on only one midwifery school, and it does not include the other schools in Turkey. Second,

to what extent students reflected their knowledge and attitudes to the clinic after training was not measured. Third, features such as attitudes and personal beliefs can be influenced by culture, for this reason, more studies are needed on child abuse and neglect. Fourth, having training on child abuse before intervention can affect the results of the study.

## CONCLUSION

It was determined that the training given to the students on this subject increased their knowledge levels. Training programs organized especially for midwifery students, who will play an important role in child health, should be planned and implemented during their undergraduate studies, and midwives who have already started their careers should be regularly provided with in-service training to increase and maintain their awareness about child abuse and neglect.

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