To Assess Awareness Regarding Child Abuse and Neglect , amongst Emergency Medical Professionals in Pune, India – A Pilot Sludy

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Abstract

Introduction: Violence against children is widespread and affects millions of children globally. Violence against children occurs in various forms including physical violence, maltreatment, bullying, emotional or psychological violence, forced and bonded labour, and trafficking.

To prevent child abuse, it is essential that a high degree of awareness is essential amongst all stakeholders including parents, educators and medical professionals. The common thread among all studies conducted in medical professionals is the lack of focused training and sensitisation that can enhance the ability to detect such cases and respond to them promptly

Objective: To Assess Awareness Regarding Child Abuse and Neglect among Emergency Medical Professionals in Pune

Methodology: As part of an awareness initiative by the Institute, an online session was conducted for the Emergency Medical Professionals (EMP) in Pune city. 65 Emergency Medical Professionals working in various hospitals located around all parts of Pune participated in the session. After the session was completed, informed consent was taken from the participants for answering a questionnaire based on the subject.

The questionnaire chosen for the study was Child Abuse and Neglect Awareness Scale (CANA-S) a pretested and validated tool. The CANA-S tool comprises 4 sections, each section comprising a subscale dedicated to one of the major categories of child abuse and neglect i.e. physical abuse, sexual abuse, emotional abuse, and neglect.

Conclusion: Though the overall awareness about Child Abuse and Neglect is satisfactory, further training programs should be encouraged, to achieve near 100 % awareness amongst EMS professionals in order to prevent and report every single case of Child Abuse and Neglect.

Keywords: Child abuse, awareness, sexual abuse

Introduction

Violence against children is widespread and affects millions of children globally. Violence against children

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Dr. Parag Rishipathak,

Professor & Director, Symbiosis Centre, for Health Skills, Symbiosis International (Deemed University), Pune, India occurs in various forms including physical violence, maltreatment, bullying, emotional or psychological violence, forced and bonded labour, and trafficking.¹

Shockingly even children of the tender age of 2 - 4 years are not spared. 3 in 4 children in this age group are inflicted with physical punishment and/or psychological violence at the hands of parents and caregivers. This apart, as many as 1 in 5 women and 1 in 13 men report

having been sexually abused as a child.²

India is home to over 19 percent of the world's children, making it the country with the largest child population in the world. Hence the responsibility of our country in setting an example for child safety and abuse prevention is paramount.³

To prevent child abuse, it is essential that a high degree of awareness is essential amongst all stakeholders including parents, educators and medical professionals. A study by Ghanem E. *et al* (2015) meant to assess awareness of Child abuse among Egyptian Medical Students concluded that the majority of the respondents encountered cases of child abuse but their knowledge of child maltreatment still remains insufficient.⁴

Closer to home, a study conducted in Bagalkot district of North Karnataka by Kirankumar *et al* (2011) showed the glaring lack of knowledge accompanied with poor attitude and perception about Child Abuse Neglect.⁵

This was further reiterated in a study by Deshpande *et al* (2015) conducted in the state of Gujarat who assessed knowledge and attitude in regards to physical child abuse amongst medical and dental residents. The study signifies the gaps between recognizing signs of physical child abuse and responding effectively to it.⁶

The common thread among all studies conducted in medical professionals is the lack of focused training and sensitisation that can enhance the ability to detect such cases and respond to them promptly.^{4,5,6,7}

Among all medical professionals, Emergency Medical Services (EMS) providers would most frequently encounter potential child abuse situations. The duty of EMS professionals is not restricted in only providing emergency medical care but extends to reporting the suspicion to the appropriate authorities in order to ensure child safety and prevent further abuse.⁸

A systematic review conducted by Johnson *et al* emphasized the importance of targeted training programs among EMS professionals to improve their ability to identify and report child abuse and neglect.9

The first step towards designing an effective training program is to assess the baseline awareness of Child

Abuse and Neglect amongst EMS professionals.¹⁰

Objective

To Assess Awareness Regarding Child Abuse and Neglect among Emergency Medical Professionals in Pune

Methodology

As part of an awareness initiative by the Institute, an online session was conducted for the Emergency Medical Professionals (EMP) in Pune city. 65 Emergency Medical Professionals working in various hospitals located around all parts of Pune participated in the session. The session comprehensively covered subject of Abuse, Neglect and Assault with focus on identification of cases, legal aspects, roles and responsibilities of medical professionals, measures of intervention and management. It was an interactive session and the participants were given ample opportunity to share their views and clear their doubts on the subject. The information pertaining to the subject was shared through Power point presentation and the session was conducted by Medical Officer with five years of experience. The session was conducted via Microsoft Teams application for two hours and the participants interacted verbally, by unmuting themselves and messaging their views, doubts and inputs via chat in the Microsoft Teams application.

After the session was completed, informed consent was taken from the participants for answering a questionnaire based on the subject. The questionnaire chosen for the study was Child Abuse and Neglect Awareness Scale (CANA-S) a pretested and validated tool, developed by Altan *et al* (2017). The reliability of the questionnaire is found to be high (Cronbach's alpha value 0.768) for evaluating awareness about child abuse and neglect among the medical students.¹¹

The CANA-S tool comprises 4 sections, each section comprising a subscale dedicated to one of the major categories of child abuse and neglect i.e. physical abuse, sexual abuse, emotional abuse, and neglect. Each section consists of 5 vignettes which requires response on a five-point Likert scale ranging from 5 to 1 as "definitely appropriate=5," "appropriate= 4," "uncertain=3," "inappropriate=2," and "definitely inappropriate=1".

The highest and lowest possible scores for the full scale are 100 (indicating the highest level of awareness) and 20 (indicating the lowest level of awareness), respectively. All 20 items were retained and required to be mandatorily filled. The tool was administered through online mode. The respondents were given one-day deadline to revert with responses. Any queries pertaining to the tool questionnaire were clarified during data collection. 62 respondents reverted with completely filled questionnaire. The data was tabulated and statistically analysed with the help of SPSS version 23.

Result

Students	62
Marital Status	
Married	49 (79.03 %)
Unmarried	13 (20.96 %)
Sex	
Female	51 (82.25 %)
Male	11 (17.74 %)
Qualification	
MBBS	1
BHMS	29
BAMS	29
BUMS	2
BDS	1

Demographic Data:

The total scores were calculated for all the 20 items of the tool. The mean of Total score for all respondents is 70.49 with standard deviation of 7.59. The highest total score is 88 and the lowest is 50.

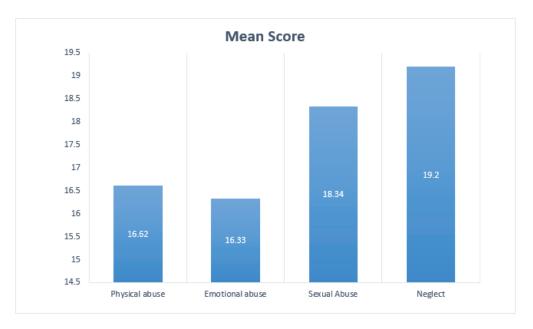
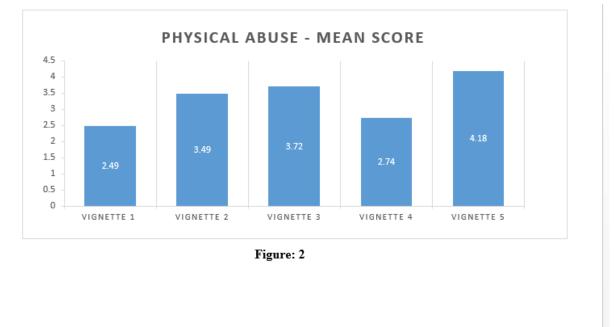


Figure: 1

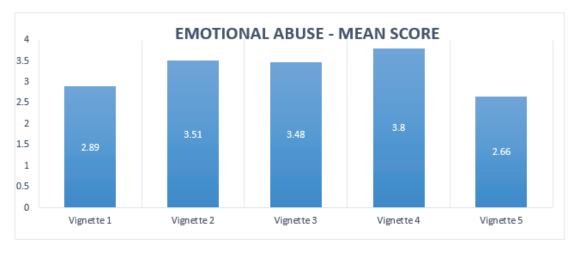
As shown in Figure 1, the mean awareness score for Physical and Emotional abuse is much lower as compared to Sexual Abuse and Neglect.



PHYSICAL ABUSE:

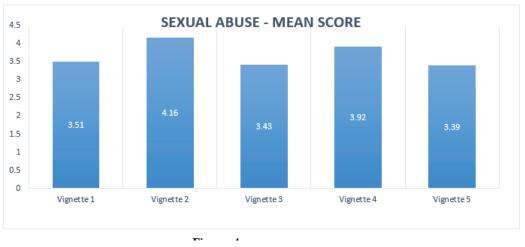


EMOTIONAL ABUSE:



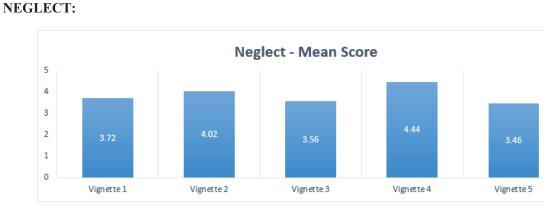


As shown in Figures 2 & 3, the participants showed relatively lower awareness levels in 2 of the 5 vignettes based on both physical and emotional abuse.



Sexual Abuse:







As shown in Figures 4 & 5, the vignettes based on sexual abuse and neglect were responded with high degrees of awareness.

Discussion

The study was aimed to gauge the awareness levels of child abuse and neglect amongst EMP. The mean total score of 70.49 out of 100 is encouraging and reflects the fairly good degree of awareness. The sample included a majority of married female EMP's which could partly be responsible for the higher degree of sensitivity on the subject. Even though the overall score is high there is a clear distinction in the level of awareness on the individual subscale. Due to greater emphasis on sexual abuse and neglect, both in the curriculum and the media; the understanding of the sign is better.

The results point towards greater focus on the presentations of cases of physical and emotional abuse in training programs. Sensitization programs and role play workshop can play a significant role in raising the knowledge and improving the attitude towards child abuse and neglect. Similar vignettes can be used to coach EMS professionals in correct identification and response in suspected cases of Abuse and Neglect.

The study is limited by its concise sample size but provides significant perspective on this longed ignored issue. Larger studies can further study the correlation of Sex and Marital Status on the degree of awareness of Abuse.

Conclusion

Though the overall awareness about Child Abuse and Neglect is satisfactory, further training programs should be encouraged, to achieve near 100 % awareness amongst EMS professionals in order to prevent and report every single case of Child Abuse and Neglect.

Conflict of Interest: None

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