Original Article

Factors Associated With Intention to Report Child Abuse among District Hospital Nurses in Iloilo, Philippines

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Abstract

Background: Cases of child abuse are increasing. To report known and suspected child abuse is within the professional duty and legal responsibility of nurses. However, nurses' intention to report child abuse in the Philippines has not been widely investigated.

Objective: This self-report, cross-sectional survey was designed to determine the factors relating to nurses' intention to report child abuse in the Philippine setting.

Methods: 146 nurses assigned in the pediatric and emergency room of district hospitals in Iloilo participated in this study and data were collected using Feng & Levine's (2005) Child Abuse Report Intention Scale (CARIS). Spearman's rho was utilized to determine if there were significant associations between factors identified and nurses' intention to report child abuse.

Results: More than half of staff nurses reported that they did not have pre-service education and in-service training regarding child abuse. There was underreporting of suspected child abuse among staff nurses and feeling uncertain of the evidence was the main reason stated. While nurses had low level of knowledge about child abuse and the reporting law, nurses had a positive attitude against child abuse. Nurses' intention to report child abuse was highly influenced by the opinions of people significant to them. They also had high perceived behavioral control in reporting child abuse. Attitude, subjective norm, and perceived behavioral control were significantly related to nurses' intention to report child abuse.

Conclusion: This study highlights that more attention is required for the nurses' professional preparation, education, and training in managing child abuse. In addition, the results of this study support the Theory of Planned Behavior in determining factors associated with the intention to report child abuse among nurses in the Philippine setting.

Keywords: child abuse, child neglect, theory of planned behavior, intention to report abuse, nurses

Introduction

Maltreatment or abuse and neglect that occur among children remain to be a global concern (World Health Organization, 2016). This problem requires great attention for it can have long term effects and consequences to children's physical and mental health and psychological well-being (World Health Organization, 2016). Despite the wide-ranging types of data about child abuse, information on violence against children remains a great problem among nations in both coverage and scope (United Nations International Children's Emergency Fund, 2014).

Around the world, it has been found that millions of children are victims of child abuse every year (United Nations International Children's Emergency Fund, 2011). In the Philippines, child abuse is also on the rise. According to the Department of Social Welfare and Development (DSWD), cases of child abuse has reached 2,147 in the first quarter of the year 2016 (Inquirer.Net, 2016).

The 2015 National Baseline Study on Violence Against Children conducted by the Council for the Welfare of Children revealed that the total prevalence of all forms of violence against children in the Philippines is at 80% (United Nations International Children's Emergency Fund, 2016). Despite these statistics, much violence against children in the country still remain hidden or goes unreported (Madrid et al., 2013) and that research on this topic is still in its early stages (Roche, 2017).

Nurses have legal and professional responsibility to report cases of child abuse (Feng & Levine, 2005). Philippine Republic Act No. 7610 or the law designed to protect children against abuse, exploitation and discrimination mandates attending physicians and nurses to report, either orally or in writing the examination and/or treatment of a child who appears to have suffered abuse.

Though there are studies that have already been conducted in countries like Taiwan (Feng & Levine, 2005; Feng & Wu, 2005; Lee, Fraser & Chou, 2007), Korea (Kim & Park, 2005; Cho & Kim, 2013; Park, Jung & Lee, 2013; Lee & Kim, 2018), Australia (Keane & Chapman 2008; Fraser et al., 2010), America (Sebastian,

2014; Herendeen et al., 2014), Palestine (Alrimawi, Saifan & AbuRuz, 2014), Israel (Natan et al., 2012) and Norway (Skarsaune & Bondas, 2016) regarding nurses' intention to report child abuse and associated factors, reporting of child abuse among Filipino nurses has not been well documented.

Research Design and Methods

Research Design

The main purpose of this study was to replicate the earlier works of Feng and colleagues (2005) and to determine the factors associated with nurses' intention to report child abuse in Iloilo, Philippines. To attain this, a descriptive cross-sectional research design was utilized.

Population and Sampling: This study was conducted in eight (8) out of 12 selected district public hospitals in the Province of Iloilo, Philippines. Convenience sampling was employed in the selection of 146 pediatric and emergency staff nurses from the selected district hospitals who agreed and voluntarily participated in this study.

Response rate was above 50 percent. Emergency room and pediatric ward nurses were chosen as participants because nurses on these hospital units are more likely to encounter serious child abuse cases and that emergency room nurses are frequently the first to assess signs of abuse (Sebastian, 2014; Lee & Kim, 2018). For the nurses' personal, professional and institutional information, majority of the nurses in this study were women (71.2%), age of 21-39 years old (91.8%), never married and had no children (69.2%), Roman Catholics (83.6%), Bachelor's degree holders (95.2%), worked in public district hospitals for less than 5 years (54.8%) and had permanent positions (74%).

Research Instrument: Data for this investigation were gathered using the Child Abuse Reporting Intention Scale (CARIS) by Feng & Levine (2005). Permission and approval to use the scale was obtained from authors through email correspondence.

The CARIS (Nurses' Version) have Cronbach's alphas for the subscales ranging from .62 to .91 (Feng & Levine, 2005). Furthermore, in this study, the CARIS was subjected to face and content

validation by a panel of five jurors: a nurse lawyer, a nurse researcher, a social worker, a police director of women and children's desk, and a child and adolescent psychiatrist, to ensure that the items of the instrument were congruent within the local setting and existing laws.

Experts evaluated the CARIS as a culturally valid tool that can be administered among nurses in the Philippines. No modification was made on the subscales of CARIS and the scoring of items was followed accordingly on the articles of Feng & Levine (2005) and Feng & Wu (2005).

Data Gathering Procedure: Data were collected in the third quarter of 2017. Permission to conduct the study in selected district hospitals in Iloilo from the appropriate head of agencies and an endorsement from the Provincial Administrator and Head of Hospital Operations Management System were secured.

After approval, the researchers distributed the instruments (each secured in a folder) to staff nurses who were scheduled on duty in the pediatric and emergency room departments of the selected hospitals during the day of the survey. However, there were also instances where the head of the nursing department offered to call upon or gathered his or her nursing staff in a room for the researchers to distribute the survey questionnaires. Participants were assured of confidentiality and anonymity. Written informed consent was also obtained.

The participants were given ample time to answer the instrument. It took them approximately 10 to 15 minutes to accomplish the survey. Upon retrieval, the questionnaires were reviewed for completeness of data entry. This ensured that the resulting data did not have any missing data. The data were then encoded and computer processed via the Statistical Package for the Social Sciences (SPSS) software version 20.

Statistical Data Analysis

The following descriptive statistical tools were employed in the analyses of the obtained data: frequency count, percentage, mean and standard deviation. Spearman rho was utilized to determine the relationship between variables. Significant level was set at .05 alpha.

Results

Pre-Service Education and In-Service Training on Child Abuse

Table 1 shows that more than half (60.3%) of nurses did not receive any child abuse education while they were still in their respective schools or colleges of nursing and a little more than half (55.5%) reported that they never attended any in-service training on the topic of child abuse.

History of and Reasons for Suspecting but not Reporting Child Abuse

Table 2 shows that three out of ten (30.1%) nurses were able to suspect child abuse on their patients but were not able to report them to authorities due to various reasons. Additionally, among the 44 nurses who suspected child abuse but failed to report it, a little more than half (54.6%) claimed that feeling uncertain about the evidence was the utmost reason why they did not report such a case. Almost half of the nurses (47.7%) claimed that fear of reprisal was the second reason for not reporting, and fear of litigation was claimed by many (45.5%) as the third reason for not reporting. Other reasons named were culture issues (22.7%), lack of faith in legal authority (15.9%), and threats (2.3%).

Level of Knowledge, Attitude, Subjective Norms, Perceived Behavioral Control Regarding Child Abuse

As shown in Table 3, majority (65.8%) of nurses had low knowledge about child abuse and the reporting law or had correctly answered less than 50% of the questions pertaining to knowledge related to the subject. Moreover, all (100%) nurses in this study had positive attitude against child abuse. This means that the nurses were opposed to abusive parents and physical discipline on children, and had accepted their professional responsibility in reporting child abuse cases.

Almost all nurses (94.5%) had high social pressure in reporting child abuse denoting that nurses were more likely to report child abuse if they perceived that both general and specific significant people encourage and emphasize the importance of reporting child abuse. Also, almost all (99.3%) nurses had high perceived behavioral control in reporting child abuse indicating that nurses were confident and were at ease in reporting such cases.

Table 1: Distribution according to Pre-service Education and In-service Training on Child Abuse (n=146)

	f	%
Pre-service Education on Child Abuse		
With child abuse education	58	39.7%
Without child abuse education	88	60.3%
In-Service Training on Child Abuse		
With In-Service Training	65	44.5%
Without In-Service Training	81	55.5%

Table 2: Distribution according to History of and Reasons for Suspecting but not Reporting Child Abuse

	f	%
History of Suspecting but not Reporting Child Abuse		
Yes	44	30.1%
No	102	69.9%
Reasons for not Reporting Child Abuse *(n=44)**		
Feeling Uncertain about Evidence	24	54.6%
Fear of Reprisal	21	47.7%
Fear of Litigation	20	45.5%
Culture Issues	10	22.7%
Lack of Faith in Legal Authority	7	15.9%
Threats	1	2.3%

*Multiple Response, may not total to 100%

Table 3: Distribution according to Level of Knowledge, Attitude, Subjective Norms, Perceived Behavioral Control Regarding Child Abuse

	f	%
Level of Knowledge		
High knowledge	6	4.1%
Average knowledge	44	31.1%
Low knowledge	96	65.8%
Attitude		
Positive attitude	146	100%
Negative attitude	0	0
Subjective Norm		
High social pressure	138	94.5%
Low social pressure	8	5.5%
Perceived Behavioral Control		
High control to report	145	99.3%
Low control to report	1	0.7%

Table 4: Distribution according to Intended Reporting Behavior of Child Abuse

Intention to Report Child Abuse	Mean	SD
Sexual	8.69	1.60
Engage in sexual intercourse with their child	9.02	1.70
Show pornographic pictures	8.36	2.03
Physical	8.34	1.64
Beat a child resulting in facial bruising and rib fractures	8.96	1.63
Hit a child's palms and legs with a cane	7.72	2.19
Neglect	7.33	1.90
Left child home alone until midnight and child started a fire	7.58	1.95
Delay medical treatment for their child	7.08	2.38
Psychological	6.58	2.28
Dress a girl like a boy and tell her they wanted a boy	6.38	2.58
Ridicule and criticize the child	6.78	2.46
Overall intention to report = High	7.74	1.50

Table 5: **Relationship between Knowledge, Attitude, Subjective Norm, Perceived Behavior Control, and Intention to Report Child among Nurses**

Independent Variables	Spearman's (r)	Significance	Interpretation
Knowledge	.083	.321	Not Significant
Attitude	.287	.000*	Significant
Subjective Norm	.239	.004*	Significant
Perceived Behavioral Control	.222	.007*	Significant

*significant if p < .05

Intention to Report Child Abuse

Nurses were given eight (8) vignettes to analyze. These vignettes represented the four (4) most common types of child abuse which are sexual, physical, neglect and psychological with at least two (2) items (one severe and one less severe) for each type of abuse. Each vignette revealed a high intention to report and the over-all mean also revealed a high intention to report child abuse ($\overline{x}$= 7.74, SD=1.50) as shown in Table 4. Among the four types of abuse, nurses were more likely to report sexual abuse first ($\overline{x}$=8.69, SD=1.60) followed by physical ($\overline{x}$=8.34, SD= 1.64), neglect ($\overline{x}$=7.33, SD=1.90) and psychological ($\overline{x}$= 6.58, SD= 2.28) abuse.

Relationship between Knowledge, Attitude, Subjective Norm, Perceived Behavioral Control and Intention to Report Child Abuse

It can be gleaned in Table 5 that statistical analysis using Spearman's rho revealed attitude (r = .287, p = .000), subjective norm (r = .239, p = .004), and perceived behavioral control (r = .222, p = .007) were significantly related with the intention to report child abuse among nurses at *p<.05*. Knowledge (r = .083, p = .321), on the other hand, had no significant relation with the intention of nurses to report child abuse.

Discussion

The global and local problem on child abuse prompted this study to investigate on factors that influence nurses' intention to report child abuse within the local context anchored on Ajzen's (1991) Theory of Planned Behavior. According to the theory, behavior is determined by the intent to perform behavior, with intention being determined by three factors: attitude toward the behavior, subjective norms, and perceived behavioral control. Feng & Wu (2005) explained that in order for nurses to report suspected child abuse, they should believe that reporting abuse would give a positive outcome for children and their families, that people significant to them think they should report suspected child abuse, and that they, themselves, believe they have control over reporting of abuse.

In this study, attitude, subjective norm and perceived behavioral control were found to be related to intention to report child abuse. With the exception of the knowledge variable, the findings of this study are consistent with the results of prior studies on nurses' intention to report child abuse in countries like Korea, Taiwan, Australia and Israel (Kim & Park, 2005; Lee, Fraser & Chou, 2007; Feng & Levine, 2005; Feng & Wu, 2005; Fraser et al., 2010; Natan et al., 2012; Cho & Kim, 2013; Park, Jung & Lee, 2013; Lee & Kim, 2018). Moreover, this study revealed that nurses had the highest intention of reporting sexual abuse. Similarly, findings of Feng & Levine (2005) and Sebastian (2014) disclosed that nurses were more likely to report sexual abuse first compared to other forms of abuse.

Moreover, it is noteworthy that despite favorable attitude and high control and intention in reporting child abuse, a significant proportion of staff nurses in this study had history of suspecting but not reporting child abuse. In an earlier study, Kim & Park (2005) found that Korean nurses expressed difficulty in the actual behavior of reporting child abuse. Comparably, in South Korea, Lee & Kim (2018) stated that child abuse reporting rate by

mandatory reporters was only at 37%. On the contrary, Sebastian (2014) noted a higher proportion (51.7%) of American nurses reporting child abuse cases to authorities.

Similar with findings of other studies, the uncertainty of evidence of abuse and other social barriers prevented nurses from reporting child abuse cases. Skarsaune & Bondas (2016), Alrimawi, Saifan & AbuRuz (2014), Sebastian (2014), and Fraser et al. (2010) who conducted their researches in Norway, Palestine, America and Australia, found that uncertainty of the evidence was the utmost reason why the nurses did not report child abuse cases. It was previously reported that Emergency Department nurses in Western Australia had a significant lack of detection of suspected child abuse cases (Keane & Chapman, 2008). Moreover, the findings of Sebastian (2014) on American nurses indicating lack of reporting due to cultural issues and lack of faith in the legal system find support in this study.

It was also demonstrated in this study that staff nurses require further child abuse education and continuing professional development to effectively identify and manage child abuse. This result is congruent with the study of Lee, Fraser & Chou (2007) where almost 70% of sampled nurses in Taiwan thought they needed more training courses on child abuse and neglect. The study of Feng & Levine (2005) likewise found that Taiwanese nurses believed that their professional preparation for reporting was inadequate. In the Norwegian setting, Skarsaune & Bondas (2016) reported that nurses also felt that their knowledge of the signs of child abuse, documentation and report routines were insufficient. Even across health care providers, the study of Herendeen et al. (2014) discovered that all health care providers required further curriculum preparation and continuing education on child abuse. Further, this finding is notable because inadequate professional preparation, lack of trainings and limited education may be considered barriers for not reporting or underreporting of child abuse, that were reported in some studies (Alrimawi, Saifan & AbuRuz, 2014; Piltz & Wachtel, 2009).

This study has some limitations such as social desirability and use of convenience sampling that may limit the generalizability of the results. As a consequence of these limitations, it is recommended to be careful in the interpretation and use of the findings of this study. Future research may be conducted in larger settings involving nurses in other departments and nursing students. Still, this study has considerably contributed to the paucity of literature on the topic of child abuse in the Philippines.

Conclusion

Generally, the findings of this study are consistent with prior similar studies conducted elsewhere and these new findings add to the existing literature supporting the Theory of Planned Behavior in determining related factors regarding nurses' intention to report child abuse. Attitude, subjective norm and perceived behavioral control are significantly associated with the intention to report child abuse among district hospital staff nurses in the Philippines. Staff nurses are more likely to report child abuse cases if they are more positive in protecting the children, less approving of physical discipline, more amenable to punish abusers, affirmative on reporting child abuse as a professional responsibility, confident that their significant others support them in reporting abuse, and fully capable and in control in reporting child abuse (Feng & Levine, 2005). Furthermore, staff nurses in public district hospitals have inadequate pre-service education, in-service training and knowledge about child abuse suggesting the need for more adequate professional preparation on child abuse education and training. In this instance, schools must pay more attention in improving child abuse education in the undergraduate nursing program.

While nurses have high ability and intention to report child abuse, they are, however, may be passive in their actual behavior of reporting suspected incidents of child abuse with the primary reason of feeling uncertain about the evidence of abuse. It is recommended to raise nurses' awareness and assessment skills regarding child abuse to help them deal and manage effectively abuse cases. Likewise, it is important to cultivate a culture where staff nurses are provided with the necessary support in complying with their duty to report child abuse and a more efficient system of reporting abuse must be established.

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