The perceptions of pediatricians regarding their self-efficacy in child neglect and abuse

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Child abuse is one of the most severe forms of childhood trauma which has pervasive and long-lasting effects on children, their families, and the society. These effects, impairing the development of the victims, extend far beyond childhood into adolescence and adulthood. Pediatricians are the most common group of clinicians who encounter abused children immediately. Therefore, it is important for a pediatrician to be aware of the symptoms of abuse and neglect, and to feel sufficient about reporting in order to release and prevent the trauma. We aimed to assess awareness and self-efficacy about recognizing, diagnosing and reporting. Pediatricians completed the questionnaire created by the researchers. There were differences about pediatricians' perception of self-efficacy and approach to abuse. Pediatricians experience difficulties about the diagnosis of child abuse and neglect through the process from examination to reporting.

Key words: child, child abuse, self-efficacy, sexual abuse of child.

Child abuse and neglect includes all the inappropriate or damaging actions and attitudes that an adult directs toward a child and that negatively affect child development. Child abuse and neglect that cause the physical or psychological development of the child to be damaged or that put the child's life in danger are now accepted as significant public health concerns from both a medical and a social perspective[1].

It has been suggested that children who are exposed to abuse at an early age may become desensitized, be less capable of feeling empathy, become strangers to their own emotions and develop less resilience against distressing events, leading to increased anxiety in their futures[2]. Studies show that most individuals who are subjected to violence during adulthood also suffered from abuse in childhood[3].

Child abuse has recurring effects and long-lasting impacts such as psychiatric disorders, substance abuse and a predisposition to physical illnesses in adolescence and adulthood. Therefore, it is important to identify and treat this kind of trauma[4].

Although child abuse and neglect are serious health problems in Turkey, they have not been adequately addressed in the healthcare field or within society. The annual incidence of child abuse in the United States is reported to be 12 out of every 1,000 children; however, only limited data is available about this issue in our country. In a study that included 16,100 children, aged from 4–12 years, the incidence of physical abuse was determined to be between 13.9% and 54%, with a higher incidence found among preschoolers[5]. The research that has been done on child abuse in Turkey shows that emotional abuse has the highest rate, at about 78%. The rate of physical abuse is 24%, and the rate of sexual abuse is 9%. Nearly 40% of the children in the 7–14 year old age group stated that they had been beaten up by their mothers and/or their fathers[5]. However, there are difficulties in obtaining accurate reports of abuse and neglect because children may not recognize or accept its occurrence, which causes

a large number of cases to remain hidden and, as a result, adequate statistical data could not be provided.

It is a legal obligation to notify competent authorities of cases of abuse, and this is important so that children can be protected from further abuse. In accordance with Article 280 of the Turkish Penal Code, healthcare workers must notify authorities of any evidence of criminal activity they witness during the time they are practising their profession[6]. However, healthcare workers do not always notify authorities about child abuse and neglect. This may be because they do not feel they have adequate information, they do not know whom to notify, they are anxious about their own security or they believe that the child will be damaged after the notification and that the problem is able to be solved within the family[7,8].

A multidisciplinary approach can be effective for determining, preventing and treating child abuse and neglect. In hospital environments, pediatricians are often among the team that first encounters children who are being exposed to abuse and neglect. When there are suspicions about abuse and neglect, it is necessary to evaluate the situation along with the child's mental health and forensic medicine physicians set up the initial meeting with the child and the family, take the history, keep records and initiate a legal process by notifying social services and the child protection agency. In addition to the legal process, the child and the family need to be followed up, protected and supported, and necessary interventions should be performed by the social service workers and psychiatric care personnel. Raising awareness, especially by pediatricians and other healthcare workers who encounter the child during the early stages, and supporting them to help reduce their fears and concerns about abuse and neglect are very important so that these initial steps can be more effective.

When a physician becomes suspicious about child abuse, a multidisciplinary approach including child and adolescent psychiatrists, forensic experts, psychologists, social service experts and other medical personnel can be very effective not only to reduce the burden and responsibility of physicians, but also to help them to make better decisions. When physicians suspect abuse, they should notify judicial authorities of the situation so that social services can be contacted. The recognition of child abuse by physicians will reduce mortality and morbidity that results from such abuse and provide an opportunity for effective protection for the child[8]. If the physician and healthcare personnel are not able to recognise the abuse, it could continue and the child might ultimately become more severely damaged or even die[9].

We think that it is necessary for child abuse and neglect to be looked at in a different way and accepted as a public health concern that is independent of features such as age, gender, race and ethnicity and to be kept on the agenda so that necessary protective and therapeutic measures can to be taken. Understanding the difficulties that physicians encounter in their experiences with abuse, and their support in helping to eliminate them is important. Our study aims to evaluate the extent to which a particular group of physicians, the pediatricians, encounter child abuse and neglect, their ability to recognise and prevent it and to follow up with these children and how they perceive their own self efficacy in addressing the issues.

Materials and Methods

The research, which takes a descriptive approach, was conducted between 1 June 2014 and 31 January 2015. The population consists of child care assistants and experts working in university hospitals and training research hospitals as well as experts who were working in state and private hospitals or were self-employed. The demographic features of the physicians who were involved are described in the first of two parts that explain the data collection. The second part includes 20 questions to assess the information on child abuse and neglect and the perceptions regarding self-efficacy. As there is not a scale for studying Turkish validity and reliability, the researchers prepared these questions by assembling the literature and using documents prepared by ÇOKMED, with the purpose of distance education as a reference[10,11].

Approval to undertake this research was received from the ethics committee at Ufuk University Medical Faculty. The question form was printed so that doctors could enter their information and was also accessible online; only

questionnaires that were filled out completely were evaluated.

Statistical Analysis

The analysis of the data was done using the Windows 18 Statistical Package for the Social Sciences (SPSS). The participants were divided into two groups: specialist physicians and resident physicians. In the intergroup comparisons, participants were evaluated using the Mann-Whitney U test when the number of independent groups was two and with the Kruskal Wallis test when there were more than two. Pearson's Chi Square test was used to analyse the categorical variables. The significance level was statistically accepted as $p<0.05$.

Results

Of the 200 doctors who participated in the research, 45% were pediatric residents and 55% were pediatric experts. The average working time of the pediatric residents was 3.0±1.25 years while it was 7.5±2.47 years for pediatric experts. Among pediatric residents, 66.7% were working at Medical University Hospitals and 33.3% were working at state hospitals. In pediatric experts group the distribution of working places was different. 68.2% of the pediatric experts were working in

Table I. Pediatricians' Knowledge Levels and Perceptions Regarding Their Self-Efficacy in Relation to Diagnosis, Treatment, Notification and Follow-up of Children who Have Experienced Physical Abuse

	Resident Pediatricians n (%)	Specialist Pediatricians n (%)	Total n (%)
Medical fields*			
Feeling capable	5 (5.9)	25 (21.7)	30 (15)
Feeling incapable	80 (94.1)	90 (78.3)	170 (85)
Non-medical fields*			
Feeling capable	5 (5.9)	25 (21.7)	30 (15)
Feeling incapable	80 (94.1)	90 (78.3)	170 (85)
Taking the history of a physically abused child[I]			
''I always have difficulties''	45(52.9)	55 (47.8)	100 (50)
''I am experienced so it is easy to do ''	30 (35.3)	40 (34.8)	70 (35)
''I am instructed so it is easy to do''	10 (11.8)	20 (17.4)	30 (15)
Are the people except health officials responsible for the notification of physical abuse?*B			
''Yes''	55 (64.7)	105 (91.3)	160 (80)
''No''	10 (11.8)	10 (8.7)	20 (10)
''Undecided''	20 (23.5)	0 (0)	20 (10)
Perception of self-efficacy about the knowledge of protection of physically abused children*			
Feeling capable	10 (11.8)	25 (21.7)	35 (17.5)
Feeling incapable	75 (88.2)	90 (78.3)	165 (82.5)
Support given by the hospital administration about the notification of physical abuse*			
Feeling capable	35 (41.2)	75 (65.2)	110 (55)
Feeling incapable	50 (58.8)	40 (34.8)	90 (45)

I $p>0,05$ Insignificant, *$p<0,05$ Significant, * B $p<0,017$ Bonferroni Correction

state hospitals, while others were working in university medical hospitals or private clinics. In Table I pediatricians' perceptions of their self-efficacy in terms of diagnosis, treatment and notification, beginning with when they encountered the child who had experienced physical abuse, were summarizied. It was found that expert pediatricians felt themselves to be more capable than resident physicians did in both medical and non-medical fields. In medical and non-medical capability perception, the difference between two groups was statistically significant (x^2=6.06, df=1, p=0.01). However, it is important to note that only one fifth of all the specialist physicians felt themselves to be sufficiently capable.

In terms of their approaches to the physically abused children, nearly half of the pediatricians in both groups stated that they had difficulty in taking the histories, and when physicians' beliefs regarding their self-efficacy indicated that they felt capable, this was usually associated with experience. According to the perception of self-efficacy about the knowledge of protection systems of physically abused children, significant differences were found between two groups. Experts pediatricans reported more self-efficacy than the residents (x^2=3.36, df=1, p=0.04). The ratio of the physicians to all of the physicians finding their knowledge level sufficient was 17.5%. Expert physicians reported finding the support given by the hospital administration and employees regarding the notification of the physical abuse as being more adequate than other participant groups and this was also statistically meaningful (x^2=11.41, df=1, p=0.001).

Table II summarizes the pediatricians' perceptions of their self-efficacy in relation to their approaches to children who have been sexually abused and the ratios found in their abilities to recognize some emotional and

Table II. Pediatricians' Knowledge Levels and Perceptions Regarding Their Self-Efficacy in Relation to Diagnosis, Treatment, Notification and Follow-up of Children who Have Experienced Sexual Abuse

	Resident Pediatricians n (%)	Specialist Pediatricians n (%)	Total n (%)
Medical fields*			
Feeling capable	80 (94.1)	70 (60.9)	150 (75)
Feeling incapable	5 (5.9)	45 (39.1)	50 (25)
Non-medical fields*			
Feeling capable	50 (58.8)	62 (53.9)	112 (56)
Feeling incapable	35 (41.2)	53 (46.1)	88 (44)
Pediatricians' recognition of some emotional and behavioral changes of sexually abused children[I]			
''To know that children may associate sexually abuse with love''	45 (56.3)	20 (28.6)	65 (43.3)
''To know that children may show self-directed anger and damaging behaviours''	40 (50)	50 (71.4)	90 (60)
''To know that abused children may become exploiter''	10 (12.5)	40 (57.1)	50 (33.3)
''To know that children may trust people excessively''	0 (0)	5 (7.1)	5 (3.3)
''To know that children may experience feelings of loneliness and emptiness''[I]	55 (68.8)	40 (57.1)	95 (63.3)

I p>0,05 Insignificant, *p<0,05 Significant, * B p<0,017 Bonferroni Correction

behavioral changes. It was determined that both resident and expert physicians feel themselves to be quite capable in terms of medical expertise in the approach to the sexually abused children. Unlike the results in physical abuse, it was determined that both resident and expert physicians feel themselves to be considerably more capable in terms of medical and non-medical expertise in their approaches to the sexually abused children. Even the perceptions of the resident physicians regarding their medical self-efficacy were significantly higher than those of the expert physicians (x^2=28.81, df=1, p<0.001); however, in non-medical fields, the self-efficacy ratio declined in both groups. The resident physicians felt themselves to be medically capable in relation to sexual abuse and were better able than expert physicians to recognize the indications of the association between the abusive behavior and love as well as of feelings of loneliness and emptiness that often develop in children who are being abused. The resident physicians also realized more clearly the increased likelihood of these children to become exploiters and to develop self-directed anger and damaging behaviours. The ability to recognize the psychiatric symptoms among physicians who felt themselves capable in relation to the sexual abuse varies between 3% and 63%. It was observed that self-injury and feelings of anger and loneliness were the indications that were most frequently recognized.

Discussion

Bandura[11] has defined the theory of self-efficacy as "the judgement of the person relating to the skill of organizing and display the actions that will provide him/her to reach to a certain performance". This judgement plays a role both in starting the behavior and in increasing the continuity associated with the behavior[11,12,14]. According to Bandura[15], it has been observed that duties, particularly those that cannot be easily terminated, require long-term effort and determination, and that people who have doubts about their self-efficacy do not do their duties. Self-efficacy is associated more with the subjective beliefs that people have of their skills and capabilities in terms of sufficient information, skills and capabilities, rather than whether they actually have these skills or not. People who do not have strong beliefs in their self-efficacy have difficulty starting to use the skills they learn[13,16,17]. Our study addresses pediatricians' beliefs about their self-efficacy in terms of the diagnosis, treatment and notification of child abuse, which is a common public health problem both in Turkey and worldwide. The study also aims to identify the differences between resident physicians who are in the education phase and expert physicians already working in the field as well as the reasons for these differences.

Studies that Gölge[18] and Uysal[19] conducted in Turkey found that the majority of healthcare workers had received education relating to child neglect and abuse before graduating; however, these workers usually stated that they did not find this education sufficient. In addition, a study by Oral et al.[1] states that the physicians in our country give far greater priority to interventions that address symptoms in their approaches to the child injuries; they do not try to determine the sources of the injuries as long as the event is not carried further by a third person or taken up by the media. In Turkey, physical abuse is considered to be a form of discipline within the framework of the cultural value judgements, customs and traditions of the society and is, therefore, seen as normal[20]. The results of our study indicate that only 5.9% of the resident physicians compared to 21.7% of the expert physicians felt themselves adequately prepared with respect to physical abuse. This includes both the medical field, such as the diagnosis, treatment and follow-up of the abuse, and the non-medical field, including notification and legal processes. In the area of sexual abuse, these percentages increased to 94.1% and 60.9%, respectively. The study also suggests that since physical abuse is one of the most frequent types of abuse, the reason why the physicians believe less in their self-efficacy could be associated with cultural factors.

A study that Kara et al.[7] conducted with children's physicians and general practitioners stated that the difficulties physicians encounter in cases where there is child abuse and neglected or suspicion of these are related to legal processes, taking histories and recording the details. In a study done with 117 pediatricians in Kuwait, more than 80% of the doctors stated that they considered their knowledge

about the legal process to be inadequate[21]. Our study also determined that 88.2% of the resident physicians and 78.3% of the expert physicians defined themselves as inadequate in terms of their knowledge of the services available for the protection of children who are being physically abused. In addition, nearly half of the resident and expert physicians had difficulty taking histories from children who were being physically abuse, and the majority of the physicians who did feel capable of taking these histories stated that they felt this way "since they had experience sufficiently" (Table I). "Work experience" was also found to increase physicians' perceptions of their self-efficacy in a previous study by Shor[22] who looked at the factors affecting the diagnoses and notifications made by pediatricians in Israel in cases of child neglect and abuse. In our study, the fact that the percentage of the resident and expert physicians who defined the support of the hospital administration and employees as adequate in relation to notifications of children who were being physically abuse is considerably higher than the self-efficacy percentages indicating that personal factors such as work environment, education and conditions may also be effective on their own in perceptions of self efficacy.

Our study has found that both resident and expert physicians felt themselves to be more capable with respect to their approaches to the sexual abuse of children than for their approach to physical abuse, even though the resident physicians' perceptions of their self-efficacy in the medical sense (the diagnosis, treatment and follow-up process) were significantly higher than those of the expert physicians. This situation is thought to have resulted from the fact that the resident physicians in our study generally included physicians working in university hospitals that have child protection units, whereas the expert physicians were physicians working in private practice or state hospitals, because a more multidisciplinary approach to children who are being sexually abused could be provided in university hospitals. Therefore, in accordance with the self-efficacy theory and in addition to people's own successful experiences, proxy experiences such as observing other people performing the tasks and the degree of experience people have with the task also increases their perceptions of self-efficacy[11,23,24].

In terms of the percentages for recognizing children's emotional expressions, resident and expert physicians define themselves as adequate in their approaches to sexual abuse, with figures varying between 3% and 63%. It is remarkable that the awareness and knowledge level regarding especially "trusting people unnecessarily and extremely" and "the child being abused sexually could become exploiter" are insufficient. Gölge et al.[18] observed in an earlier study that healthcare workers who received education regarding child neglect and abuse after their graduation stated that they were better able to recognise "the behavioral indications of abuse in children". Raising awareness among pediatricians about the psychiatric indications that can be observed in children who have been abused and neglected and having greater interaction with child psychiatrists and psychologists could assist with recognition and interpretation of these indicators.

Therefore, the most important result obtained from our study is that differences among pediatricians in terms of their perceptions of their self-efficacy relates to the education and work experience they have had in child abuse and neglect. It has been thought that the perceptions physicians have of their self-efficacy in relation to child abuse could change not only as a result of education and information, but also because of the personal characteristics, experiences, observations and social conventions of individual physicians. Centers that are multi centered and contain different areas of expertise should be established to help to eliminate the difficulties experienced by physicians in terms of diagnosis and notification. In addition, these centers should provide physicians with information about the processes that occur after the notification, so that the number of successful experiences can increase.

The most important limitation of this study was the absence of a validity and reliability study of the questionnaire. An appropriate scale could not be found by surveying the literature. The researchers prepared these questions by assembling the literature and using documents prepared by ÇOKMED. There is an imperfection in this area. Further research should enhance the admissible scales to assess the self-efficacy

of the health care staff on child abuse and neglect.

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