

# Knowledge, Attitude, and Practices Regarding Child Abuse and Neglect among Members of Different Occupations in Belagavi: A Questionnaire Study

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## Abstract

**Introduction:** Child abuse and neglect is a global phenomenon and it can occur in a child's home or in organizations, schools, or communities. Child abuse and neglect has an impact on individuals, families, and communities, particularly all domains of children's development—physical, psychological, cognitive, behavioral, and social. The aim of the survey was to assess and compare the knowledge, attitude, and practices of child abuse and neglect amid the members of the occupations doctors, police, advocates, and teachers residing in Belagavi city. **Materials and Methods:** A questionnaire with 16 questions regarding the knowledge, attitude, and practice about child abuse and neglect was distributed to 200 members of various professions doctors, police, advocates, and teachers. **Results:** The response showed that teachers (98%) had better knowledge than the other group and all the members had a positive attitude. Lawyers (63%) had the most minimum practice toward child abuse and neglect. **Conclusion:** The results of this study showed that all the members involved in the study has a positive attitude toward tackling child abuse and neglect with teachers having the most knowledge and lawyers with minimum practice.

**Keywords:** Child abuse, doctors, lawyers, neglect, police officers, teachers

## INTRODUCTION

Child abuse and neglect is all of the actions and inactions that prevent or limit a child's development which are directed at the child by an adult such as mother, father, or the caregiver and which are described as inappropriate or destructive by societal rules and professionals.<sup>[1]</sup> Child abuse and neglect has an impact on individuals, families, and communities, particularly all domains of children's development—physical, psychological, cognitive, behavioral, and social. India is home to 19% of the world's child population and 42% of the Indian population is aged below 18. Furthermore, a national study from India found that more than half (53%) of children were physically and/or sexually abused. Unfortunately, in most (83%) of the cases, the parents were the perpetrators.<sup>[2]</sup>

Child abuse and neglect is not a problem that can be solved by making only one occupational group competent in this field. All disciplines should fulfill their responsibilities within the

framework of public social politics and there should be strict interdisciplinary interaction and cooperation. Maltreatment of children by their parents or other caregivers is a major public-health and social-welfare problem in high-income countries. It is common and can cause death, serious injury, and long-term consequences that affect the child's life into adulthood, their family, and society in general.<sup>[3]</sup> Discussion of sexual abuse should come in the form of education about healthy sexuality for children. Just as it is important for parents to teach their children about traffic and fire safety, it is equally important for them to teach their children about personal safety. These discussions should be adapted to the developmental and cognitive level of the child and incorporated

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Submitted: 16-Nov-2018 Revised: 22-Jan-2020

Accepted: 26-Apr-2020 Published: 09-Jul-2020

### Access this article online

#### Quick Response Code:



Website:  
[www.ijpedor.org](http://www.ijpedor.org)

DOI:  
10.4103/ijpr.ijpr\_28\_18

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**How to cite this article:** Badakar C, Gowtham A, Hugar SM, Gokhale NS, Davalbhakta R, Shah S. Knowledge, attitude, and practices regarding child abuse and neglect among members of different occupations in belagavi: A questionnaire study. *Int J Pedod Rehabil* 2020;5:7-9.

into other discussions about staying safe.<sup>[4]</sup> Knowledge of the correct terminology for genitals is deemed critical to others' response to children's disclosure of abuse. Children who make disclosures using in correct terminology may not be understood and consequently, not receive a positive, supportive response to their disclosure.<sup>[5]</sup> Occupational groups such as doctors, nurses, police, and teachers, who constantly come face-to-face with children are responsible for reporting signs of abuse or neglect in children.<sup>[1]</sup> Therefore, this study is aimed to evaluate the knowledge, attitude, and practice of teachers, doctors, police officers, and lawyer concerning child abuse and neglect.

## MATERIALS AND METHODS

The study was conducted in Belagavi city, Karnataka, India, after obtaining institutional ethical approval and consent from the participants. The questionnaire was distributed to all four occupational group namely teachers, lawyers, police officers, and dental specialists (*n* = 200), each group containing 50 participants. The study was anonymous, voluntary, and all of the respondents signed an informed consent. The pretested and validated questionnaires were handed to the respondents. The average time needed to fill out the questionnaire was about 10 min.

The questionnaire consisted of 16 questions/statements divided into four parts [Table 1]. In the first part of the questionnaire respondents filled in their general information – gender, occupation, education, age, and marital status. The second part of the questionnaire referred to the knowledge of the respondent on the topic of child abuse and neglect. The third

part contained questions regarding the attitude toward child abuse and neglect. The fourth part of the questionnaire was comprised of questions dealing with the practice of identifying and reporting abuse.

## RESULTS

From a total of 200 member study group, a response rate of 100% was observed. The responses obtained were entered into an excel sheet and descriptive statistics was used to obtain the results.

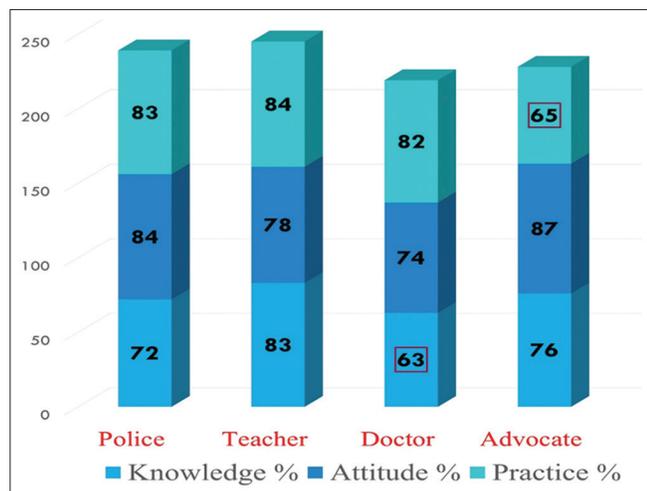
Among the study group, teachers showed higher knowledge levels (83%) followed by lawyers (76%), police officers (73%), and doctors (63%). The range of correct answers with regard to practice of child abuse and neglect for varied from 84% to 63% [Figure 1].

## DISCUSSION

This study among teachers, police officers, lawyers, and doctors has shown that their knowledge of child abuse and neglect is adequate, even though they feel the need for additional education. Social workers have received instruction in identifying and assessing child abuse and work with it every day, giving them a more pragmatic view of abuse overall.<sup>[4]</sup> Child maltreatment is a particular distress in the newly sovereign eastern and central European states, where the economic transition in the past 15 years has been associated with substantial ascend in impulsive adult mortality. Although data are scarce, a questionnaire survey

**Table 1: Questionnaire: Demographic data**

Gender: Male <input type="checkbox"/>	Female <input type="checkbox"/>	Occupation: _____	Education: _____
Age: 20-30 years <input type="checkbox"/>	31-40 years <input type="checkbox"/>	Above 41 years <input type="checkbox"/>	
Marital status: Married <input type="checkbox"/>	Single <input type="checkbox"/>		
If married, do you have children: Yes <input type="checkbox"/>	No <input type="checkbox"/>		
<b>A. Knowledge regarding child abuse and neglect</b>			
Do you know what is child abuse and neglect?	Yes	No	Not sure
Do you know the difference between child abuse and child neglect?	Yes	No	Not sure
Do you think children have rights regarding child abuse and neglect?	Yes	No	Not sure
If the child readily states that adult has caused harm, accusation should be addressed?	Yes	No	Not sure
Children who have been abused usually tell someone soon after the abuse?	Yes	No	Not sure
A child with bad hygiene shows that the child is neglected?	Yes	No	Not sure
Not having the child's vaccines done or having them done late is a sign of neglect?	Yes	No	Not sure
Do you know the helpline number for child in distress in India?	Yes	No	Not sure
<b>B. Attitude regarding child abuse and neglect</b>			
Are you aware of the different types of child abuse and neglect?	Yes	No	Not sure
Are you aware of the child protection act? (NCPCR Act 2005)	Yes	No	Not sure
Have you heard of the UNICEF Convention on the rights of the child?	Yes	No	Not sure
<b>C. Practices regarding child abuse and neglect</b>			
Have you come across a case of child abuse and neglect?	Yes	No	Not sure
Have you ever tried to help a victim of child abuse and neglect?	Yes	No	Not sure
Will you report a case of child abuse and neglect?	Yes	No	Not sure
Are you able to inform the concerned people if the child is abused?	Yes	No	Not sure
If you feel a child might be a victim of child abuse and neglect, will you take any steps to find out the truth?	Yes	No	Not sure



**Figure 1:** Responses obtained

of children aged 10–14 years in Macedonia, Latvia, and Lithuania. Moldova recorded the lowest yearly prevalence rates of severe and moderate psychological abuse and physical abuse in Macedonia (18% and 12%, respectively) and the highest in Moldova (43% and 29%, respectively). Abuse was higher in rural areas than in urban areas and was associated with parental overuse of alcohol. The WHO national prevalence study of child maltreatment in Romanian families showed that physical neglect was reported by 46% of adolescents surveyed, emotional neglect by 44%, and educational neglect by 34%.<sup>[5]</sup> For awareness programs refined approach is required to tailor efficient training programs that are appropriate for each of the subgroups. For instance, there are indications that in certain areas nurses differ from physicians in their training needs and in their experience with reporting child maltreatment, and they in turn differ from social workers.<sup>[6]</sup> Mathews reported that teachers with training (at either or both preservice and in-service levels) have higher confidence in their ability to identify indicators of child sexual abuse, and higher self-rated knowledge of the indicators of child sexual abuse.<sup>[7]</sup> Signs of abuse and neglect are best recognized by dentist who have been educated and five times more likely to make a report than the dentist who are not.<sup>[8]</sup> Moreover, child maltreatment is a cyclic disease, so it should be prevented, identified, and reported with utmost urgency as abused children often become abusive parent.<sup>[9]</sup> It has often been said

that children who have been abused often grow up to abuse their own children, their spouse, and even their parents, a situation referred to as “RETRIBUTION ABUSE.”

## CONCLUSION

The following conclusions can be drawn from this research:

- The level of knowledge of people participated in the study to the topic of child abuse and neglect was variable and needs to be improved. One of the main reasons for this is because limited exposure toward the topic
- There was a positive attitude toward the actions needed to prevent child abuse and neglect
- The amount of practice to eliminate child abuse and neglect from the city of Belagavi was enormous among the participants of the study as they were able to report any suspicious or identified case and take legal obligational responsibility to rescue the children from the darkness of child abuse and neglect.

## Financial support and sponsorship

Nil.

## Conflicts of interest

There are no conflicts of interest.

## REFERENCES

1. Poreddi V, Pashapu DR, Kathyayani BV, Gandhi S, El-Arousy W, Math SB. Nursing students' knowledge of child abuse and neglect in India. *Br J Nurs* 2016;25:264-8.
2. Büyük E, Rızalar S. Knowledge levels of members of different occupations on child abuse and neglect. *J Hum Sci* 2016;13:3827-36.
3. Kenny MC, Capri V, Ryan EE, Runyon MK. Child sexual abuse: From prevention to self protection. *Child Abuse Rev* 2008;17:36-54.
4. Malpani S, Arora J, Diwaker G, Kaleka PK, Parey A, Bontala P. Child abuse and neglect: Do We know enough? A cross-sectional study of knowledge, attitude, and behavior of dentists regarding child abuse and neglect in Pune, India. *J Contemp Dent Pract* 2017;18:162-9.
5. Ben Yehuda Y, Attar-Schwartz S, Ziv A, Jedwab M, Benbenishty R. Child abuse and neglect: Reporting by health professionals and their need for training. *Isr Med Assoc J* 2010;12:598-602.
6. Legano L, McHugh MT, Palusci VJ. Child abuse and neglect. *Curr Probl Pediatr Adolesc Health Care* 2009;39:31.e1-26.
7. Mathews BP. Teacher education to meet the challenges of child sexual abuse. *Aust J Teach Educ* 2011;36:13-32.
8. Malhotra S, Gupta V, Alam A. Child abuse and neglect: Role of dentist in detection and reporting. *J Educ Ethics Dent* 2013;3:2-5.
9. Allin H, Wathen CN, MacMillan H. Treatment of child neglect: A systematic review. *Can J Psychiatry* 2005;50:497-504.