Original Article

Primary Health-Care Physicians Knowledge about Child Abuse in Baghdad City

Sarah A. Khalil, Jamal M. Alkhudhairi[1]

Karkh Health Directorate, Iraqi Ministry of Health, [1]Department of Family and Community Medicine, College of Medicine, University of Al-Mustansiriyah, Baghdad, Iraq

Abstract

Background: Child abuse includes a wide range of abusive activities and procrastination in performing parental tasks and responsibilities, leading to physical or mental harm, sexual abuse, neglecting the child, and even child death. Too many children are brought to primary health care (PHC) centers on numerous occasions before they are recognized as victims of child abuse. For this reason, assessing physician's knowledge and taking suggestions for child abuse prevention is likely to have a significant impact on child health. **Objective:** The objective is to assess the knowledge of PHC physicians in Baghdad city concerning child abuse. **Methods:** Cross-sectional study with some analysis carried out from first April to June 2018, on a sample of 200 PHC physicians working in 41 randomly selected PHC centers in Baghdad city/Al-Resafa and Al-Karkh. **Results:** Nearly 40% of physicians had good overall knowledge about child abuse. PHC physicians reported the lowest good knowledge for physical abuse (16%), and highest good knowledge rate (77%) about prevention of child abuse. **Conclusion:** Less than half of the PHC physicians studied had good overall child abuse knowledge. Sexual and emotional child abuse knowledge was far better than physical abuse. Management guidelines and child abuse training courses are recommended.

Keywords: Baghdad, child abuse, physicians' knowledge, primary care

Introduction

The World Health Organization (WHO) defines child abuse as all forms of physical, emotional, sexual abuse, neglect, and exploitation that leads to actual and potential damage to a child's health and development.[1] Recent retrospective and prospective studies have identified strong associations between cumulative traumatic childhood and adult physical and mental health disease.[2] Few studies, however, have specifically examined the association between child physical abuse and health outcomes.[3] Four types of maltreatment are commonly recognized: sexual abuse, physical abuse, emotional abuse (also referred to as psychological abuse), and neglect.[4]

Studies in Egypt are sparse, estimating that 37% of children in Egypt suffer physical punishment with varying degrees of severity. These acts of punishment presumably committed as acts of child discipline are engendered by a culture that places a high premium on child obedience and the positive effects of discipline.[5] To some cultures, forceful parenting may be seen as abuse, but in other societies, the use of force is looked at as a reflection of parental devotion.[6]

Access this article online

Quick Response Code:

Website: www.journalijcm.org

DOI: 10.4103/IRJCM.IRJCM_1_20

The WHO estimates of child homicide suggest that infants and very young children are at greatest risk as a result of their dependency and vulnerability, with rates for 0–4 years age double those for 5–14 years.[7]

Households frequently experiencing domestic violence are commonly poor; undergo marital problems, life stressors, and other negative aspects of family life including low parental education, unemployment, insufficient income, and substance abuse.[8] Other factors associated with increased risk for child abuse include female sex, minority status, immigrant families, single-parent families, stepfamilies, and families with three or more children.[9] Perpetrator-related risk factors such as parental mental health, chronic illness, criminal history, alcohol

Address for correspondence: Dr. Jamal M. Alkhudhairi, Department of Family and Community Medicine, College of Medicine, University of Al-Mustansiriyah, Baghdad, Iraq.
E-mail: jamal.khudhairi@gmail.com

Submitted: 05-Oct-2020 **Revised:** 10-Dec-2020
Accepted: 30-Dec-2020 **Published:** 29-Jun-2021

How to cite this article: Khalil SA, Alkhudhairi JM. Primary health-care physicians knowledge about child abuse in Baghdad City. IRAQI J COMMUNITY MED 2020;33:6-9.

or drug abuse, and parental skills have also been implicated with child abuse.[10]

The pediatrician can play an important role in abuse prevention through enhancing parenting skills, connecting families with supportive community resources that address parent and family needs, and promoting evidence-based parenting practices that are nurturing and positive.[11]

Recognizing abuse and intervening on behalf of an abused child can save a life and can protect a vulnerable child from a lifetime of negative consequences.[12] This research aims to assess knowledge of primary health care (PHC) physicians in Baghdad concerning child abuse and to identify preparedness of PHC physicians for early detection, effective reporting for child abuse cases.

Methods

A cross-sectional study was carried out from the first of April to June 2018, on 200 PHC physicians working in 41 randomly selected PHC centers in Baghdad city/(Al-Rusafa and Al-Karkh). Apart from sociodemographic information, the questionnaire inquired about PHC physicians' knowledge of child abuse meaning (42 items), types of child abuse, medical practice regarding reporting, and suggestions for prevention. Knowledge scores were set by giving three for correct answer, two for not sure, and one for wrong answer (score range 42–126).

Official ethical approvals were obtained. Statistical Package for Social Science software (SPSS:IBM, US) version 23 was used for data entry and analysis. Data were presented in appropriate tables and figures.

Results

Two hundred physicians were enrolled in this study with a mean age of 39.1 ± 7.7 years. Female physicians were predominant (71.5%). Majority (78%) of the participants were ever married, with one or more children. Physicians with bachelor degree were (47%). Majority of the participants (89.5%) had 5 or more years in service, (54%) been family medicine specialists [Table 1].

Table 2 shows that sexual and emotional child abuse knowledge was far better than physical abuse. As a matter of fact, participants reported lowest good knowledge for physical abuse (16%). Moreover, the highest good knowledge rate (77%) was for prevention of child abuse; however, (39.5%) physicians had good overall knowledge about child abuse.

The predominant type of child abuse seen by physicians was neglect (42.3%), followed by physical (26.9%). Psychological and sexual abuse accounted for 19.2% and 11.5%, respectively, as presented in Figure 1. Only 4 out of 26 physicians reported their cases of child abuse. Out of the remaining 22 physicians who did not report the cases; 68.2% believed that no benefit would arise from reporting, 50% due to caregiver denial, 31.8% because of victim denial, 18.2% thought that abuse involves vague signs to be reported [Table 3 and Figure 2] revealed physicians' suggestions for preventing child abuse where community education suggested by (36%) of participants, parent's education (29%), teacher's education (17%), active

Table 1: Sociodemographic characteristics of study participants (*n*=200)

Variable	*n* (%)
Age (year)	
≤30	29 (14.5)
31-40	90 (45.0)
41-50	59 (29.5)
>50	22 (11.0)
Gender	
Male	57 (28.5)
Female	143 (71.5)
Marital status	
Unmarried	44 (22.0)
Ever married	156 (78.0)
Number of children	
None	16 (10.3)
1-2	80 (51.3)
3 or more	60 (38.5)
Education	
Bachelor	94 (47.0)
Diploma	14 (7.0)
Board	88 (44.0)
Master	4 (2.0)
Years in service	
<5	21 (10.5)
5-10	108 (54.0)
>10	71 (35.5)
Field of practice	
Family medicine	108 (54.0)
General practitioner	43 (21.5)
Community medicine	13 (6.5)
Medicine	11 (5.5)
Gynecology and obstetrics	11 (5.5)
Pediatric	6 (3.0)
Others	8 (4.0)
Total	200 (100)

Table 2: Distribution of the study participants according to their knowledge grades about child abuse overall and each domain (*n*=200)

Child abuse domain (42 items)	Good, *n* (%)	Fair, *n* (%)	Poor, *n* (%)
Abuse meaning	56 (28.0)	110 (55.0)	34 (17.0)
Physical abuse	32 (16.0)	118 (59.0)	50 (25.0)
Emotional abuse	113 (56.5)	84 (42.0)	3 (1.5)
Sexual abuse	96 (48.0)	90 (45.0)	14 (7.0)
Abuse prevention	154 (77.0)	43 (21.5)	3 (1.5)
Overall knowledge	79 (39.5)	121 (60.5)	-

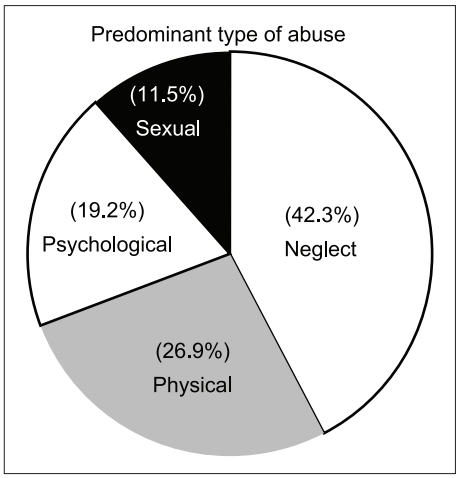

Figure 1: The types of child abuse encountered by studied group ($n = 26$)

Table 3: Reporting encountered cases of child abuse

Child abuse reporting	*n* (%)
Reporting of the case	
Yes	4 (15.4)
No	22 (84.6)
Reasons of nonreporting*	
No benefit	15 (68.2)
Caregiver denial	11 (50.0)
Victim denial	7 (31.8)
Signs were vague	4 (18.2)
Other reasons	3 (13.6)

*More than one response was given

legislations (14%), prevention of violent games, films, and toys (8%), provision of health services for abuse (5%), and (4%) suggested hotline mobile number.

Discussion

The current study results did not show an impact on physicians' knowledge level by their PHC working experience. This reflects an inadequacy of continuing education programs for medical providers. This goes in line with literature recommendations for physicians' effective education to improve the diagnostic ability for abuse cases.[13]

Nearly 40% of PHC physicians had good grade of overall knowledge about child abuse. This is alarming, especially among physicians. It may reflect the absence of training courses and work guidelines for diagnosing child abuse in Iraq. Accordingly, when the medical providers' knowledge is inadequate, the corresponding health workers' knowledge will be less adequate. This disagrees with a study in Iran revealing that health workers have good overall level of knowledge than the current study.[14] Two-thirds of physicians (60%) have fair grade of overall child abuse knowledge. Pakis *et al*.[15] found knowledge score about child abuse and negligence to be lower than the current study.

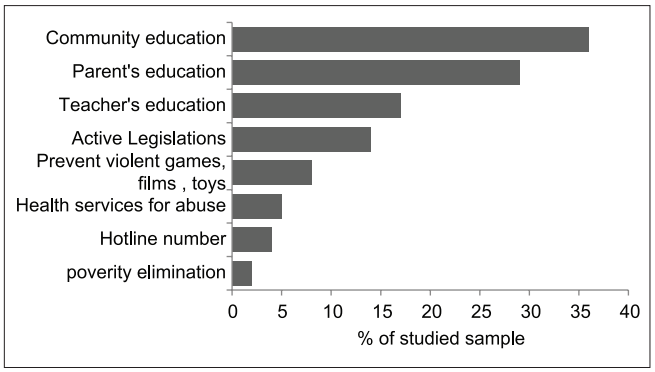

Figure 2: Suggestions of primary health care physicians to prevent child abuse ($n = 200$)

Physical child abuse knowledge of physicians was good only in (16%) in the current study, this might be related to that our culture accepts corporal punishment of children. This finding somehow agrees with Açik *et al*. who assessed the level of knowledge and attitude of family physicians in relation to child abuse in Turkish cities. They found inadequate knowledge of physical assessment for suspected child abuse present in most of the participated primary care physicians.[16] Violent behavior, including stern acts of discipline against children, is a widely accepted cultural practice in contrast to high-income countries. There is, therefore, a need to break the social acceptance of child abuse by advocating for policies, laws, and services for prevention and response, in addition to educational campaigns aimed at changing social norms and individual attitudes that are harmful to children.

The current study revealed good knowledge for sexual abuse (48%). This probably due to that sexual abuse, and honor issues are of paramount importance in our social norms, and beliefs compared to the West.

The predominant type of abuse was neglect. This agrees with a study conducted among college students from Erbil/Iraq in 2013.[17]

Only 15% of the current studied physicians reported cases of child abuse. The most common reasons for nonreporting were: The belief that no benefit would be gained from reporting. This indicates insufficient knowledge regarding child abuse awareness, besides that it is in agreement with many studies; In Pakis *et al*., only 4.5% of Turkish physicians had reported violence cases, and nearly 60% of participants stated that the reasons for not reporting were: Difficulties that may be faced during the legal process, lack of knowledge about reporting procedure, the fear that the child may be placed in a worse position in case of reporting. Açik *et al*., concluded that primary care physicians working in Turkey do not have proper attitudes toward reporting of suspected child abuse.[15-18] In a study conducted in Southern Illinois University by DeMattei *et al*., only half of the physicians knew that it was a crime not to report child abuse.[19] On the other hand, Yadav and Goel study in India shows higher reporting rate, where two-thirds

of physicians knew that physician should report child abuse case to child protection agencies, and 60% of physicians reported all signs and symptoms of physical abuse using a standardized form.[20]

It can be concluded that Low proportion of PHC physicians studied had good overall child abuse knowledge. Sexual and emotional child abuse knowledge was far better than physical abuse. Good proportion of PHC physicians studied had good knowledge about child abuse prevention. Management guidelines and child abuse training courses are recommended.

Financial support and sponsorship

Nil.

Conflicts of interest

There are no conflicts of interest.

References

1. World Health Organization. Child Maltreatment. Available from: http://www.who.int/topics/childabuse/en/2007. [Last accessed on 2018 Sep 19].
2. Schilling EA, Aseltine RH Jr., Gore S. Adverse childhood experiences and mental health in young adults: A longitudinal survey. BMC Public Health 2007;7:30.
3. Flaherty EG, Thompson R, Litrownik AJ, Zolotor AJ, Dubowitz H, Runyan DK, *et al*. Adverse childhood exposures and reported child health at age 12. Acad Pediatr 2009;9:150-6.
4. Norman RE, Byambaa M, De R, Butchart A, Scott J, Vos T. The long-term health consequences of child physical abuse, emotional abuse, and neglect: A systematic review and meta-analysis. PLoS Med 2012;9:e1001349.
5. Gilbert R, Fluke J, O'Donnell M, Gonzalez-Izquierdo A, Brownell M, Gulliver P, *et al*. Child maltreatment: Variation in trends and policies in six developed countries. Lancet 2012;379:758-72.
6. Lau AS, Takeuchi DT, Alegria M. Parent-to-child aggression among Asian American parents: Culture, context, and vulnerability. J Marriage Fam 2006;68:1261-75.
7. Butchart A, Phinney Harvey A, Mian M, Furniss T, Kahane T, World Health Organization. Preventing Child Maltreatment: A guide to Taking Action and Generating Evidence; 2016. Available from: https://apps.who.int/iris/bitstream/handle/10665/ 43499/9241594365_eng.pdf;jsessionid=. [Last accessed on 2018 Mar 25].
8. Herrenkohl TI, Herrenkohl RC. Examining the overlap and prediction of multiple forms of child maltreatment, stressors, and socioeconomic status: A longitudinal analysis of youth outcomes. J Fam Violence 2007;22:553-62.
9. Stith SM, Liu T, Davies LC, Boykin EL, Alder MC, Harris JM, *et al*. Risk factors in child maltreatment: A meta-analytic review of the literature. Aggress Violent Behav 2009;14:13-29.
10. Holmes MR. Aggressive behavior of children exposed to intimate partner violence: An examination of maternal mental health, maternal warmth and child maltreatment. Child Abuse Negl 2013;37:520-30.
11. Flaherty EG, Stirling J Jr., American Academy of Pediatrics Committee on Child Abuse and Neglect. Clinical report–the pediatrician's role in child maltreatment prevention. Pediatrics 2010;126:833-41.
12. Christian CW. Committee on child abuse and neglect. The evaluation of suspected child physical abuse. Pediatrics 2015;135:e1338-54.
13. Erikson MJ, Hill TD, Siegel RM. Barriers to domestic violence screening in the pediateric setting. Pediatrics 2001;108:98-102.
14. Sahebihagh MH, Hosseini SZ, Hosseinzadeh M, Shamshirgaran SM. Knowledge, attitude and practice of community health workers regarding child abuse in Tabriz health Centers in 2015-2016. Int J Community Based Nurs Midwifery 2017;5:264-74.
15. Pakis I, Demir F, Bektas G, Altun U, Yidirim S. Investigation of the awareness and knowledge about child abuse and negligence among doctors and nurses working in the east part of Turkey. Romanian Society of Legal Medicine 2015;23:151-6.
16. Açik Y, Deveci SE, Oral R. Level of knowledge and attitude of primary care physicians in Eastern Anatolian cities in relation to child abuse and neglect. Prev Med 2004;39:791-7.
17. WHO. Eastern Mediterranean Health Journal. Prevalence of Childhood Maltreatment among College Students in Erbil, Iraq. Available from: http://www.emro.who.int/emhj-vol-19-2013/5/prevalence-childhood-maltreatment-iraq.html. [Last accessed on 2018 Sep 20].
18. Jones R, Flaherty EG, Binns HJ, Price LL, Slora E, Abney D, *et al*. Clinicians' description of factors influencing their reporting of suspected child abuse: Report of the Child Abuse Reporting Experience Study Research Group. Pediatrics 2008;122:259-66.
19. DeMattei R, Sherry J, Rogers J, Freeman J. What future health care providers will need to know about child abuse and neglect. Health Care Manag (Frederick) 2009;28:320-7.
20. Yadav S, Goel SK. A prospective study to evaluate the knowledge about child abuse amongst family physicians. Pravara Med Rev 2018;10:4-8.