KNOWLEDGE, ATTITUDE AND PRACTICE AMONG HEALTHCARE PROVIDERS ABOUT INTENTION OF REPORTING CHILD ABUSE IN HOSPITAL UNIVERSITI SAINS MALAYSIA

DR NOR’AINAL ATIQAH BINTI MOHAMED

A DISSERTATION SUBMITTED IN PARTIAL FULFILMENT OF THE REQUIREMENTS FOR THE DEGREE OF MASTERS IN MEDICINE (EMERGENCY MEDICINE)

UNIVERSITI SAINS MALAYSIA

2020

ACKNOWLEDGEMENTS

First and foremost, I wish to express my sincere gratitude to Associate Professor Dr. Kamarul Aryffin bin Baharuddin as my main supervisor from Department of Emergency and Trauma, Universiti Sains Malaysia. His continuous support and supervision had greatly contributed for the completion of this research.

I am also truly thankful to Dr. Siti Azrin binti Abdul Hamid from the Unit of Biostatistics and Research Methodology, Universiti Sains Malaysia. Her guidance and teachings was required to complete the analysis.

I also would like to express my gratitude to my lecturers and colleagues in the Emergency Department Medicine, Universiti Sains Malaysia for their kindness and support and not to forget all healthcare personnel in Emergency Department and Paediatric Department, Hospital Universiti Sains Malaysia for their endless enthusiasm and involvement in this study.

Special dedication to my parents, family and all my colleagues who gave their support and ideas for me to make this study a success.

TABLE OF CONTENTS

LIST OF TABLES AND LEGENDS

STUDY PROTOCOL

MANUSCRIPT

LIST OF FIGURES AND LEGENDS

STUDY PROTOCOL

LIST OF SYMBOLS, ABBREVIATIONS AND ACRONYMS

CARIS	Child Abuse Report Intention Scale
CI	Confidence interval
HUSM	Hospital Universiti Sains Malaysia
HCP	Healthcare provider
SD	Standard deviation

PENGETAHUAN, SIKAP DAN AMALAN PETUGAS KESIHATAN DI HOSPITAL UNIVERSITI SAINS MALAYSIA BERKENAAN NIAT UNTUK MELAPORKAN KES PENDERAAN KANAK-KANAK

ABSTRAK

Kajian ini bertujuan untuk menilai dan menentukan pengetahuan, sikap dan amalan berkenaan niat untuk melaporkan penderaan kanak-kanak dari petugas kesihatan di Hospital Universiti Sains Malaysia Kubang Kerian Kelantan. Ini adalah kajian bersilang diantara jururawat dan penolong pegawai perubatan di Jabatan Kecemasan dan Jabatan Kanak-kanak di Hospital Universiti Sains Malaysia Kubang Kerian Kelantan. Maklumat telah diambil menggunapakai borang kaji selidik dari kajian yang lepas iaitu 'Child Abuse Report Intention Scale (CARIS)'. Borang kaji selidik ini telah diberikan kepada 140 responden. Analisis discriptif, Mann-Whitney, Kruskal Wallis dan korelasi Spearman telah digunakan untuk analisis statistik maklumat yang didapati daripada responden. Tahap pengetahuan dikalangan petugas kesihatan mengenai penderaan kanak-kanak adalah lemah (42%). Sikap dan kawalan kendiri mereka terhadap penderaan kanak-kanak berada ditahap yang memuaskan, dengan markah purata 40.1 (SD 6.58) untuk sikap dan 23.1 (SD 3.38) untuk kawalan kendiri. Terdapat sedikit hubungkait di antara sikap terhadap cara disiplin kanak-kanak dan niat untuk melaporkan penderaan kana-kanak, dengan $r=-0.248$, p value=0.003. Ujian regressi menunjukkan sikap terhadap cara disiplin kanak-kanak dan sikap terhadap hukuman ke atas pelaku penderaan boleh menentukan niat seseorang petugas kesihatan untuk melaporkan kes-kes penderaan. Kajian ini menunjukkan petugas kesihatan mempunyai tahap pengetahuan yg rendah, sikap dan tahap kebolehan kawalan kendiri yang memuaskan terhadap penderaan kanak-kanak.

Kata kunci: niat melaporkan, penderaan kanak-kanak, pengetahuan, sikap, amalan

KNOWLEDGE, ATTITUDE AND PRACTICE AMONG HEALTHCARE PROVIDERS ABOUT INTENTION OF REPORTING CHILD ABUSE IN HOSPITAL UNIVERSITI SAINS MALAYSIA

ABSTRACT

This study aims to assess and determine knowledge, attitude, and behavioural practice regarding intention to report child abuse cases of healthcare providers in Hospital Universiti Sains Malaysia. This was a cross-sectional study among staff nurses and assistant medical officers in Emergency and Paediatric department in Hospital Universiti Sains Malaysia Kubang Kerian Kelantan Malaysia. Data were collected using Child Abuse Report Intention Scale (CARIS), self-administered questionnaire adopted from the previous studies. The questionnaire was given to 140 respondents. Descriptive analysis, Mann-Whitney, Kruskal-Wallis dan Spearman's correlation was used to analyse the statistical analysis of the responses. The total knowledge of healthcare providers was poor (42%). Their attitude toward child abuse and perceived behavioural control was acceptable with mean score of 40.1 (SD 6.58) and 23.1 (SD 3.38), respectively. There was slight correlation between attitude about child discipline and intention of reporting with r=-0.248, p value=0.003. Multiple regression test showed attitude toward child physical discipline and attitude toward punishment to perpetrators were the predictors of intention of reporting child abuse. In this study, the healthcare providers had low knowledge, acceptable attitude and perceived behavioural control on handling child abuse. This may be due to less exposure to child abuse cases.

Keywords: intention of reporting, child abuse, knowledge, perceived behavioural control

CHAPTER 1

INTRODUCTION

1.1 Introduction

Child abuse is an uncommon issue and it is a worldwide problem. This is a serious issue nowadays as it is not only caused morbidity, but it also caused mortality. The World Health Organization defined child abuse as any forms of abuse whether physical, emotional, sexual, neglect, abuse, maltreatment or exploitation which may cause injury or damage to the health, life, development or dignity of the child done by those who have the responsibility, trust or authority over the child (WHO, 2002). Under the Child Act 2001, child abuse is defined as when the child has been or is at significant risk of being physically or emotionally injured or sexually abused or neglected in terms of adequate care, food, shelter, clothing, medical attention, supervision and safety, or abandonment or others such as being on the street or used for begging by the parents or person in charge of the child at any one time.

In Malaysia, data collected by the Department of Social Welfare, Royal Malaysian Police and health authorities have shown steady rise of total reported cases from 2001 till 2015.(Zahilah Filzah, 2015) However, the reported data is just the tip of the iceberg as many other cases is not reported. On the other hand, the increase the number of child abuse reporting also reflects an enhancement of awareness on the responsibility to prevent these abuse cases. Child abuse is associated with multiple consequences in the victim's life especially impact to physical health and disability and emotional health.(X. Li, 2017) Child abuse may cause instability and fragility of the family and social support. Some studies reported that child abuse victims more prone to develop disorders such as anxiety, depression, panic disorder, conduct disorder, alcohol dependent, separation anxiety and suicidal behaviours.(Sahebihagh MH, 2017a) Apart from that, child abuse also cause a huge financial burden including medical cost of the victims and indirect costs to society. According to World Health Organization, an estimation of economic value of disability adjusted life years lost ranging 1.24% to 3.46% of GDP across sub-regions in the Asia and Pacific region.(Fang *et al.*, 2015)

There are few factors associated with intention of reporting. According to the theory of planned behaviour (TPB) by (Ajzen, 1991), an individual's behaviour is determined by their intention to perform the behaviour. Behavioural intention is influenced by perceived behavioural control, attitude towards the behaviour and subjective norms. (Ajzen, 2002) Perceived behavioural control is an individual's perceived ease or difficulty of performing the particular behavior. It is assumed that perceived behavioral control is determined by the total set of accessible control beliefs. Subjective norms reflect one's believe of how their most important person would like him or her to at in performance or avoidance at the specific behaviour, considering his or her motivation to act according to their opinion. Based on the theory of planned behaviour, study by showed that Taiwanese nurses' intention of reporting was significantly correlated with their reporting behaviour. The TPB could be used as a theoretical framework to identify the variables influencing nurses' intention to report suspected child abuse. (Feng and Wu, 2005)

1.2 Justification of the study

Awareness of the child abuse protecting law, knowledge and attitude of reporting child abuse is mandatory for healthcare providers. Inability to do so is an offence and liable to a fine or imprisoned based on Child Act 2001. Although there were a few studies venturing into this global problem, the data involving Malaysia population is still lacking. On top of that, there were also some discrepancy noted among the available literatures.

Different centres have different limitation and population hence may yields different results from the previous studies (lack of similar study done in Malaysia which has its own unique socio-cultural-educational background).

CHAPTER 2

STUDY PROTOCOL

2.1 INTRODUCTION

Child abuse is an uncommon issue and it is a worldwide problem. This is a serious issue nowadays as it is not only caused morbidity, but it also caused mortality. The World Health Organization defined child abuse as any forms of abuse whether physical, emotional, sexual, neglect, abuse, maltreatment or exploitation which may cause injury or damage to the health, life, development or dignity of the child done by those who have the responsibility, trust or authority over the child (WHO, 2002). Under the Child Act 2001, child abuse is defined as when the child has been or is at significant risk of being physically or emotionally injured or sexually abused or neglected in terms of adequate care, food, shelter, clothing, medical attention, supervision and safety, or abandonment or others such as being on the street or used for begging by the parents or person in charge of the child at any one time. In Malaysia, data collected by the Department of Social Welfare, Royal Malaysian Police and health authorities have shown steady rise of total reported cases from 2001 till 2015 (Zahilah Filzah, 2015). However, the reported data is just the tip of the iceberg as many other cases is not reported. On the other hand, the increase in child abuse reporting also reflects an improvement of awareness on the community's responsibility to prevent these abuse cases. Child abuse is associated with multiple consequences in the victim's life especially impact to physical health and disability and emotional health.(X. Li, 2017) Child abuse may cause instability and fragility of the family and social pillars. Some studies reported that child abuse victims more prone to develop disorders such as anxiety, depression, panic disorder, conduct disorder, alcohol dependent, separation anxiety and suicidal behaviours.(Sahebihagh MH, 2017a) Apart from that, child abuse also cause a huge financial burden including medical cost of the victims and indirect costs to society. According to World Health Organization, an estimation of economic value of disability adjusted life years lost ranging 1.24% to 3.46% of GDP across sub-regions in the Asia and Pacific region.(Fang *et al.*, 2015)

2.2 LITERATURE REVIEW

Child abuse affects many children worldwide, with some of them had serious short or long term consequences (Matthews, 2016). According to (Gilbert *et al.*, 2009) it affects an estimated 10–35% of children each year. There were 675,000 victims of child abuse and neglect in the United States in 2011 (Lynne E. C., 2015). It is estimated that about 30,000 children around the world die each year because of child abuse (World Health Organization, 2010) The Malaysian national statistic has reported an exponential increment of child abuse cases, and this is far from reaching a plateau state (Zahilah Filzah, 2015). A study by (Ahmed *et al.*, 2015) showed in recent years, Malaysian communities have become increasingly aware of this problem, and formal reports of child abuse cases have increased. Eventhough child abuse is currently recognised as worldwide issue, data on the incidence are lacking in many nations and many researchers attempt to fill the gap. Therefore, it is to be expected that culture, attitudes and behaviour influence the identification, reporting and prevention of child abuse (Al-Jundi S. H. S., 2010).

In 1962, Journal of the American Medical Association published an article by Kempe, Silverman, Steele, Droegemueller, and Silver. In this article, entitled ‘The Battered-Child Syndrome,’ the authors provided one of the first clear descriptions of physically abused children. Although the ‘Battered-Child’ article was not the first to describe abused children, by providing a clear description and a striking label, it helped clinicians see what was before them and thus helped children and families everywhere (Leventhal, 2003).

Child abuse can take many forms including physical, sexual, emotional or psychological abuse, and neglect. Physical abuse includes acts of physical assault by parents or caregivers which result in death or serious physical harm, or which present an imminent risk of doing so; it excludes lawful corporal punishment (Matthews, 2016). Sexual abuse includes acts not only of penetrative abuse, but also acts of masturbation, oral sex, fondling, voyeurism, exposure to sexual acts, exposure to or involvement in pornography and other forms of commercial sexual exploitation, all of which are acts done to sexually gratify the abuser; it is usually inflicted by an adult, but is often and can be inflicted by another, usually older child, where the victim is not developmentally capable of understanding the acts or is not able to provide true consent (World Health Organization 2006). Psychological or emotional abuse exists when the relationship between the parent or caregiver and the child is characterized by pervasive or persistent acts or omissions which result in serious emotional harm or present an imminent risk of doing so (Matthews, 2016). Neglect is constituted by omissions by parents or caregivers to provide the basic necessities of life such as food, shelter, clothing, supervision, and medical care, which result in serious harm.

Child abuse has become a serious issue for years. The purpose of child protection is to ensure safe and supportive environment for children and protect them from harm, exploitation and violence (Zahilah Filzah, 2015). In Malaysia, there are various ministries involved, namely the Ministry of Women, Family and Community Development, Department of Social Welfare, Ministry of Education, Ministry of Health, Ministry of Youth and Sports, Ministry of Home Affairs and The Prime Minister Office (Zahilah Filzah, 2015).

To protect child from abuse, mandatory reporting laws have been established for professionals who work or interact with children. In Malaysia, according to Child Act 2001, if a medical officer or a registered medical practitioner believes on reasonable grounds that a child he is examining or treating is physically or emotionally injured as a result of being ill-treated, neglected, abandoned or exposed, or is sexually abused, he shall immediately inform a Protector. Medical officer or registered medical practitioner who fails to comply with it commits an offence and shall on conviction be liable to a fine not exceeding five thousand ringgit or to imprisonment for a term not exceeding two years or to both (Child Act 2001). Nurses or assistant medical officers are part of the healthcare providers who can help to identify suspected child abuse and report it to the medical officer.

The previous literature suggested that there are several barriers to child abuse identification and reporting. Nurse-related barriers were considered as a major factor by several authors, including deficit in nurses' knowledge and skills about the identification and reporting of incidences of child abuse (Fraser *et al.*, 2010; Keane and Chapman, 2008; Starling *et al.*, 2009). (Lee and Hoaken, 2007) indicated the importance of considering the nurses' background about the meaning of child abuse and how they would respond to it. On the other hand, some nurses considered this phenomenon to be a personal and family issue in which they had no role. To overcome this barrier, many nurses expressed their need for training about the signs and symptoms to be checked in the abuse situations (Reijneveld *et al.*, 2008). The experience of dealing with abuse cases and the communication skills are other nurse-related factors in the identification and reporting of child abuse (Piltz, 2009). The nurses may also feel some discomfort and anxiety from dealing with these cases and they might have fears of misjudgement that might lead to legal charges (Lazenbatt and Freeman, 2006). They also stated that fear of misidentification and unwillingness to confront the families are the reason not to report.

The second barrier to nurses' child abuse identification and reporting is work-related factors, including workload, community culture, colleagues and management support (Piltz and Wachtel, 2009; Yang, 2009). (Feng and Levine, 2005) reported that Taiwanese nurses avoid reporting child abuse incidences due to cultural issues. Because of cultural differences, the social view of child abuse and the socially accepted ideals of parenting is different across the countries. (Lee and Kim, 2018) In the Chinese culture, parents tend to be strict and tend to regard punishment as a means of discipline. (Fraser *et al.*, 2010) The Koreans also regards corporal punishment as a means of discipline and believe that corporal punishment is necessary to correct children's behaviour. (Lee and Kim, 2018) In East Asia, punishment of children at home is considered as private matter and this causing low involvement of others or social interventions. (Lee and Kim, 2018)

The third category of barriers are the child protection system. This includes the follow-up strategies and the regulations that affect the identification and reporting the abuse cases (Flaherty *et al*., 2000; Yonaka *et al*., 2007). Additionally, the importance of collaboration between the different sectors and agencies in abuse detection is considered as a cornerstone to restrict this phenomenon in the community (Feng *et al.*, 2010).

Several researchers suggested more research to study how nurses apply their theoretical knowledge as well as personal perceptions about child abuse in identifying and reporting child abuse incidences, but there remains a lack of consideration of nurses' perceptions of child abuse despite numerous major studies on the phenomenon in general (Chanmugam, 2009). A study done in Taiwan showed that the stronger nurses' intention to report child abuse, the more they report. (Nayda, 2002) According to study by Shechter et al, there is no correlation between doctors' and nurses' gender, age and socioeconomic status and their intention to report child abuse cases. In contrast, professional training and cultural background causing more ability to recognize child abuse case. Furthermore, the socio economic status of the family involved was found to have opposite effect on chances for doctor or nurse to recognize child abuse case. A study by (M. Ben Natan *et al.*, 2012) showed there was no correlation between staffs' knowledge and reporting behaviour, in contrast to study by (Feng and Levine, 2005) who found a significant correlation between knowledge of the staffs and extend of reporting. They also found a positive correlation between perceived behaviour control and reporting of suspected child abuse, which means the more positive one's sense control, the higher the reporting ratios. Because of large numbers of children visit the emergency department and admission to paediatric ward, nurses play an important role in assessing the signs of abuse. (Keane and Chapman, 2008)

According to the theory of planned behaviour (TPB) by (Ajzen, 1991), an individual's behaviour is determined by their intention to perform the behaviour. Behavioural intention is influenced by perceived behavioural control, attitude towards the behaviour and subjective norms. (Ajzen, 2002) Perceived behavioural control is an individual's perceived ease or difficulty of performing the particular behavior. It is assumed that perceived behavioral control is determined by the total set of accessible control beliefs. Subjective norms reflect one's believe of how 'significant others' would like him or her to at in performance or avoidance at the specific behaviour, considering his or her motivation to act according to their opinion. Based on the theory of planned behaviour, study by showed that Taiwanese nurses' intention of reporting was significantly correlated with their reporting behaviour. The TPB could be used as a theoretical framework to identify the variables influencing nurses’ intention to report suspected child abuse. (Feng and Wu, 2005)

2.3 PROBLEM STATEMENT AND STUDY JUSTIFICATION

Awareness of the child abuse protecting law, knowledge and attitude of reporting child abuse is mandatory for healthcare providers. Inability to do so is an offence and liable to a fine or imprisoned based on Child Act 2001.

Although there were a few studies venturing into this global problem, the data involving Malaysia population is still lacking. On top of that, there were also some discrepancy noted among the available literatures.

Different centres have different limitation and population hence may yields different results from the previous studies (lack of similar study done in Malaysia which has its own unique socio-cultural-educational background).

2.4 BENEFIT OF THIS STUDY

1. Result of this study can determine the ability of healthcare providers to detect and report any child abuse case they seen in their practice.

2. The information gathered can be used as a guide for future child abuse prevention and training programmes.

3. Result of this study may also be used to introduce a screening guideline to guide healthcare providers to detect child abuse case as early as in the triage.

2.5 CONCEPTUAL FRAMEWORK

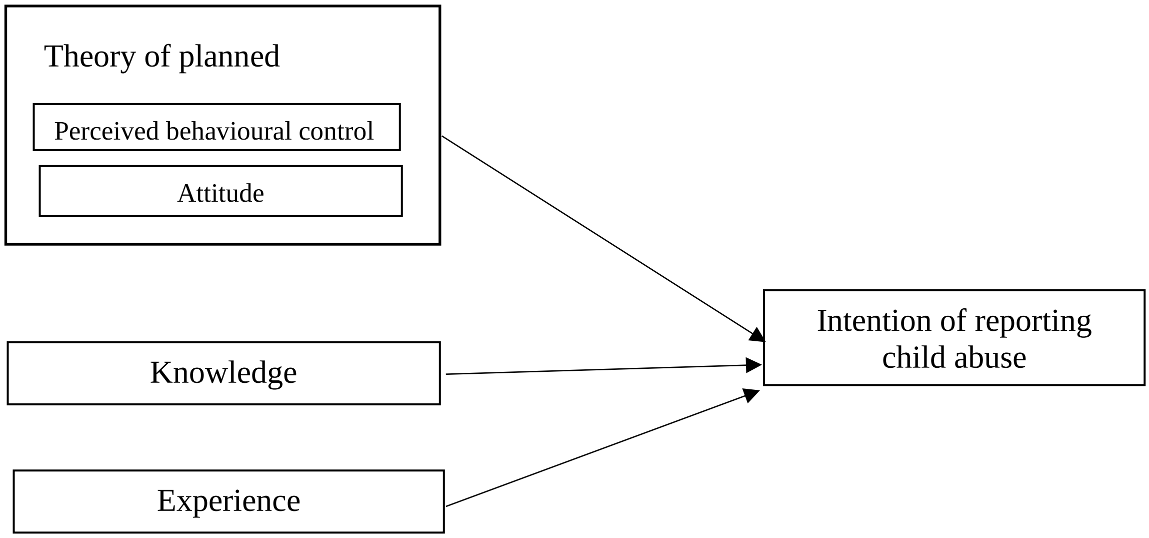


Fig. 1 Conceptual framework of intention of reporting child abuse (Lee and Kim, 2018)

2.6 RESEARCH QUESTION

1. What are the factors associated with healthcare providers' intention to report of child abuse cases in Hospital Universiti Sains Malaysia (USM)?

2. What is the mean score of knowledge, attitude and intention of reporting of child abuse among healthcare providers in Hospital USM?

2.7 OBJECTIVE

1. GENERAL OBJECTIVE

   To determine factors associated with healthcare providers' intention to report child abuse in Hospital Universiti Sains Malaysia.

2. SPECIFIC OBJECTIVES

   i. To determine the mean score for knowledge, attitude, perceived behavioural control, experiences in child abuse cases and intention of reporting child abuse.

   ii. To determine the associated factors of knowledge, attitude, perceived behavioural control on child abuse with intention of reporting child abuse.

2.8 RESEARCH METHODOLOGY

2.8.1 STUDY DESIGN

A cross sectional study

2.8.2 STUDY AREA

Emergency Department and Paediatric Department Hospital Universiti Sains Malaysia.

2.8.3 STUDY POPULATION

Healthcare providers in Emergency Department and Paediatric Department Hospital Universiti Sains Malaysia.

2.8.3.1 Inclusion criteria

All Staff nurses including assistant medical officer in Emergency Department and Paediatric Department Hospital Universiti Sains Malaysia.

2.8.3.2 Exclusion criteria

Staff nurse or assistant medical officer who refuse or did not complete the questionnaires given within the allocated time.

Doctors (house officers, medical officers, specialists)

2.8.4 SAMPLE SIZE CALCULATION AND SAMPLING METHOD

We use Sample Size Calculator (Arifin, W. N., 2015) to calculate the sample size based on comparing 2 means.

To detect the difference with 80% power and alpha 0.05, we need 140 samples. (references (Sahebihagh MH, 2017b)

For sampling method, we use convenience sampling due to limited number of staffs.

2.9 RESEARCH TOOL

2.9.1 The research data will be collected by using validated Child Abuse Report Intention Scale (CARIS) questionnaire adopted from Feng et al 2005. (Feng and Levine, 2005). The scale was constructed based on the literature review and on Ajzen's TPB, and it examines the effect of the theory's constructs on intention to report child abuse, and the effect of intention on actual behaviour (reporting). The CARIS consists of 6 sections: demographic information, past experiences of reporting child abuse, and the five scales measuring the research variables of (a) intended reporting behaviours, (b) knowledge, (c) subjective norms, (d) perceived behavioural control and (e) attitude towards reporting child abuse (Feng & Levine 2005).

2.9.2 The attitude scale is measured by three subscale which includes child discipline (six items), abusive parents (four items) and professional responsibility for reporting child abuse (five items). The scores are from strongly disagree =1 to strongly agree = 6. Negative statement items will be given reversed score. Higher scores indicate negative attitudes toward child physical discipline, lower tolerance towards the perpetrators and positive attitudes toward responsibility of reporting suspected child abuse.

2.9.3 The knowledge scale consists of 13 items (true-false). Each item has a correct answer. Do not know answer will be scored as incorrect. The potential score ranging from 0-13. Higher scores indicate higher knowledge on child abuse and Child Act.

2.9.4 The subjective norm is based on TPB variables and this scale consists of two items and ranging from definitely no = 1 to definitely yes= 5. A higher score indicates that the important others has greater influence on nurses.

2.9.5 The perceived behavioural control also based on TPB variables. This scale has eight items ranging from definitely no = 1 to definitely yes =5. Negatively worded items will be given reversed score. Higher scores indicate nurses perceive they possess more control over reporting behaviour.

2.9.6 The intended reporting behaviour scale is based on responses to eight vignettes with four types of abuse; physical abuse, sexual abuse, psychological abuse and neglect. Each type of abuse is represented by two vignettes, one more severe and one less severe case. All items is measured on a 10-point continuum from almost certainly would not report = 1 to almost certainly would report = 10 for the question of 'How likely would you be to report this case?' in each vignette. The total score is calculated based on four types of abuse at two level of severity. The higher the score, the more likely nurse intend to report.

2.10 ETHICAL CONSIDERATION

1. Subject vulnerability

   The respondents will be the healthcare workers in Emergency and Pediatric department. They will be assured that their participation or refusal to participate will not be informed to their superior and it will not affect their performance assessment. They will be assured that their decision to participate will merely base on their own willingness. Patient's safety and right will not be jeopardize and will always be prioritize over this study.

2. Privacy and confidentiality

   During the study, all data involving the samples will be held confidential and will be only accessible to the investigator and the team. All forms are anonymous and will be entered into SPSS software. Only research team members can access the data. Data will be presented as grouped data and will not identify the responders individually. The respondents score of knowledge and their practice will not be disclose to their superior as an individual.

3. Conflict of interest

   The investigator also declared no conflict of interest with regards to this study.

4. This study will obtain ethical approval from JEPeM, Universiti Sains Malaysia and the Hospital Director, Hospital Universiti Sains Malaysia.

.

2.11 DATA COLLECTION

Respondents (staff nurses and assistant medical officers) will be recruited during regular departmental continuous nursing or medical education (CNE or CME) session or approaching them after their shift hours duty without interrupting their work process. Explanation on the study purpose and procedure will be given before obtaining their consent to participate. The validated questionnaire will be distributed as self-administered questionnaire. Participants will be given 30 minutes to complete the questionnaire. The questionnaire thus will be collected immediately upon completion.

2.12 DATA ENTRY AND ANALYSIS

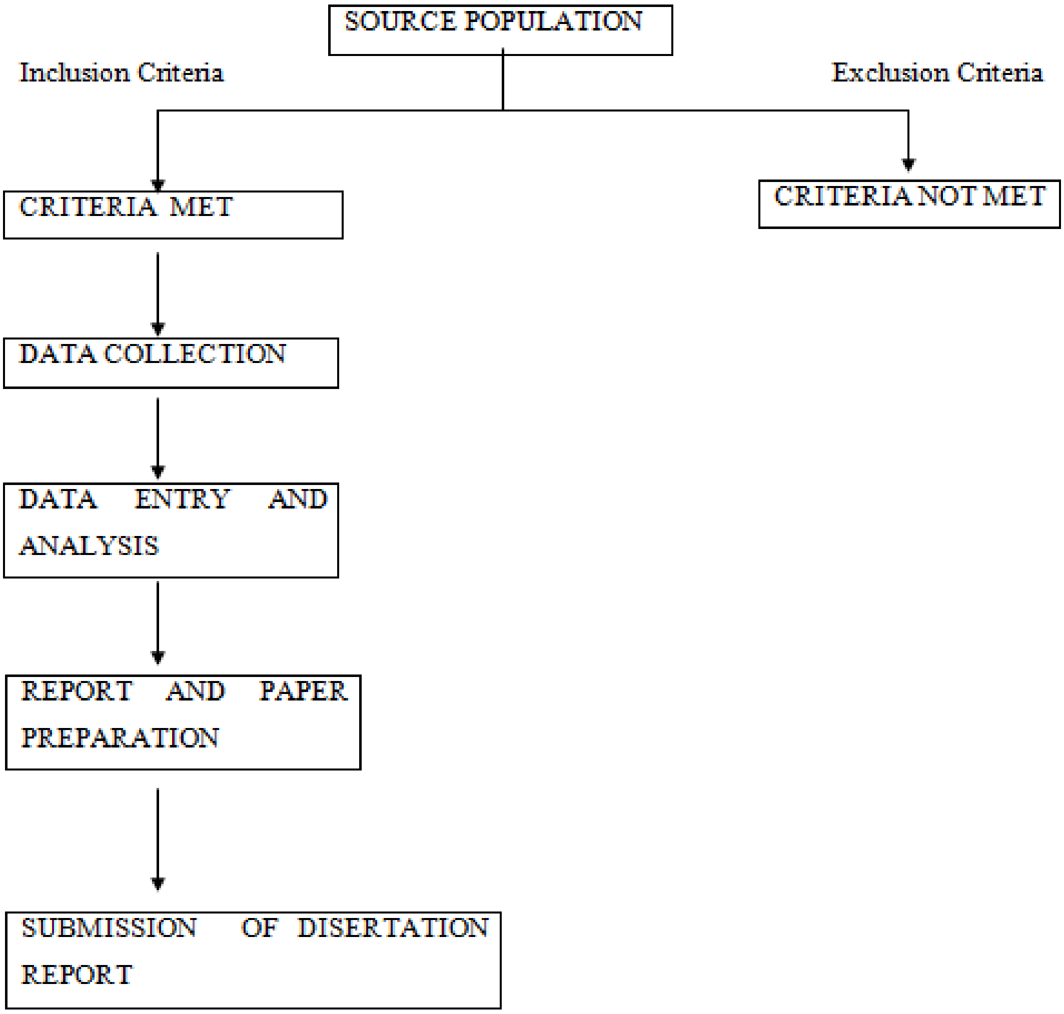
2.12.1 DATA ENTRY

Data will be entered and analysed using SPSS version *24*.

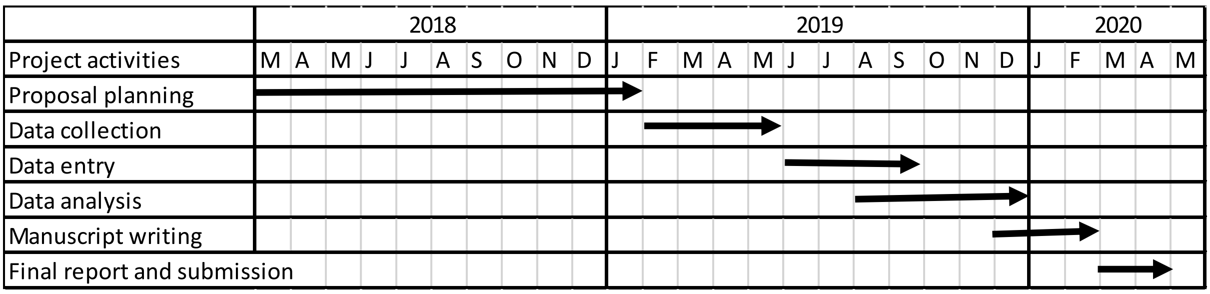
2.12.2 STATISTICAL ANALYSIS

Descriptive statistics will be used to summarise the socio-demographic characteristics of subjects. Item level descriptive will be presented as number with percentage of each response choice. Numerical data will be presented as mean (SD) or median (IQR) based on their normality distribution. Categorical data will be presented as frequency (percentage).

2.13 FLOW CHART



2.14 GANTT CHART



<u>Milestone:</u>

1. Data collection is expected to be completed by the end of May 2019.
2. Data entry and data analysis are expected to be completed by the end of December 2019.
3. Manuscript write up is expected to be completed by the end of February 2020.
4. Submission of report is expected to be done by April 2020.

2.15 APPENDIX

2.15.1 DUMMY TABLE

Table 1 Demographic characteristic of the participant

Characteristics	Variables	n (%)
Gender	Female	
	Male	
Marital status	Single	
	Married	
	Divorced	
Number of children	No children	
	Have children	
Education	Diploma	
	Degree	
Specialty	Emergency	
	Paediatric	
Position	Staff nurse/assistant medical officer	
	Nurse administrator	
Work experience	0-5 years	
	5-10 years	
	10-15 years	
	>15 years	

Table 2 Mean score of the main variables

Variables	Mean $\pm$ SD	Min - max
Knowledge about child abuse		
Perceived behavioural control		
Experience in child abuse cases and reporting		
Attitude toward child abuse		

Table 3 Factors influence on intention of reporting child abuse

Variables	B	SE	β	t	p	F	Adjusted R^2
Constant							
Knowledge about child abuse							
Perceived behavioural control							
Attitude toward child abuse							
Know about reporting method							
Attended education on child abuse							

Table 4 Knowledge, attitude, practice of healthcare workers according to various factors

		Knowledge	Attitude	Practice
Variable	Components	Mean $\pm$ SD	Mean $\pm$ SD	Mean $\pm$ SD
Gender	Female			

	Male
Marital Status	Single or widow
	Married
Number of children	One
	Two or more
Education	Diploma
	Degree
Specialty	Emergency
	Paediatric
Work experiences	Less than 5 years
	More than 5 years

2.15.2 **Research tool – Child Abuse Report Intention Scale (CARIS)**

Section 1 Sociodemographic data

1. What is your gender? (1) ______ Female (0) ______ Male

2. What is your age? ____________

3. What is your marital status?
   (1) ______ Single
   (2) ______ Married
   (3) ______ Separated
   (4) ______ Divorced
   (5) ______ Widowed

4. Do you have children?
   (1) ______ Yes How many? ____________
   (0) ______ No

5. What is your highest education degree?
   (1) ______ Diploma
   (2) ______ Associate degree
   (3) ______ Baccalaureate degree
   (4) ______ Master's degree
   (5) ______ Doctorate Degree
   (6) ______ Other

6. Were you a victim of child abuse?
   (1) ______ Yes
   (0) ______ No

7. Do you know anyone who has been abused?
   (1) ______ Yes
   (0) ______ No

8. Nurse's history of reporting:

1) In your work, have you ever made a report of suspected child abuse?
(1) ______ Yes How many? ________
(0) ______ No

2) Have there ever been times when you thought a child was being abused but did not report?
(1) ______ Yes
(0) ______ No

3) If (2) answer yes, please rank the reasons for not reporting: 1 as the most important and 3 as the least important reason:

_______ Culture issue
_______ Fear of repraisal
_______ Feeling uncertain about the evidence
_______ Fear of litigation
_______ Lack of faith in legal authority
_______ Others:____

9. How many years have you practiced as a registered nurse? _____ years _____ months

10. Specialty:
(1) _____ Pediatric
(2) _____ Emergency care

11. Current position:
(1) ______ Staff nurse
(2) ______ Nurse administrator
(3) ______ Nurse educator
(4) ______ Others Specify ___________________________________

Section 2a. Examines attitudes regarding childrearing belief and discipline. Indicate with a check (/) the degree to which you disagree or agree with the following statements.

Questions	Strongly disagree 1	2	3	4	5	Strongly agree 6
1. It is OK for parents to slap their children who talk back						
2. Corporal punishment is an effective way to educate children						
3. I intend to use physical punishment with my children when needed.						
4. I don't consider physical punishment as child abuse.						
5. Parents who spare the rod will spoil the child.						
6. Parents have the absolute right to decide the ways they discipline their children.						

Section 2b. Examines attitudes regarding punishment and culpability of offenders or victims of child abuse. Indicate with a check (/) the degree to which you disagree or agree with the following statements.

Questions	Strongly disagree 1	2	3	4	5	Strongly agree 6
1. Abusive parents should lose the right to raise their children.						
2. Severe punishment of child abusers would help stop abuse of children.						
3. Each case of abuse should be reported to the authorities.						
4. People who abuse children should be prosecuted as criminals.						
5. Reports should not be made if there is only one incident of child abuse.						

****Translation Corporal punishment = hukuman fizikal seperti merotan**

Section 2c. Examines attitudes regarding professional responsibility. Indicate with a check (/) the degree to which you disagree or agree with the following statements.

Questions	Strongly disagree 1	2	3	4	5	Strongly agree 6
1. Healthcare providers should advocate for abused children.						
2. In my practice, I intend to screen for child abuse.						
3. In my practice, I don’t want to ask parents about child abuse.						
4. Healthcare providers should always report child abuse cases.						
5. Reporting child abuse is troublesome to me.						
6. Healthcare providers have the responsibility to protect children from further abuse.						
7. It is very time consuming to deal with child abuse case.						

Section 3. Examine your knowledge of child abuse and the reporting law. Please read each statement carefully and indicate with a check (/) the degree to which you disagree or agree with the following statements.

Questions	True	False	Don't know
1. Healthcare providers are mandated by law to report suspected child abuse.			
2. A professional must have physical evidence of child abuse before reporting the case to Child protective services.			
3. Most sexual abuse of children involves physical force.			
4. Children who have been abused usually tell someone soon after the abuse.			
5. Professionals who report a case of suspected child abuse can be sued if the case is not substantiated in court.			
6. Bruises that circumscribe the neck are usually associated with accidental trauma.			
7. In most cases of child abuse and neglect, children are not removed from their parents' home.			
8. In most case, children who are sexually abused are abused by strangers.			
9. Most sexual abuse of children includes intercourse.			
10. Many runaway children and adolescents have been abused before running away.			
11. A sexually abused child may have a normal physical examination.			
12. Failure on the part of a health professional to report suspected child abuse or neglect can result in paying a fine.			
13. Child abuse and neglect rarely occur among middle- or high social economic class.			