RESEARCH ARTICLE

Barriers to medical consultation and strategies for enhancing the prevention and reporting of child abuse: A cross-sectional survey of caregivers of paediatric patients at a tertiary care center in Karachi, Pakistan

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Abstract

Objective: To assess the knowledge of caregivers in a tertiary care setting about child abuse, their perception of potential barriers in the way of seeking medical advice for the victims, and to identify proposed solutions to ensure prevention and reporting of child abuse.

Method: The cross-sectional study was conducted from June to December 2022 at the paediatric ward of the Aga Khan University Hospital, Karachi, and comprised caregivers who were attendants of inpatients. Data was collected using a predesigned anonymous questionnaire consisting of demographic information and 27 items that were scored on a 6-point Likert scale. Data was analysed using SPSS 20.

Results: Of the 144 caregivers, 96(66.6%) were females and 48(33.3%) were males. Overall, 86(59.7%) were aged <35 years, 132(91.7%) were married, and 120(83.3%) were the admitted child's parent. The majority of caregivers 110(76.4%) perceived themselves to possess a high level of knowledge about child abuse. Barriers identified included a lack of trust in police and medicolegal departments 136(94.4%), fear of repercussion from the suspect 120(83.3%) and lack of confidentiality of the victims' identity 116(80.6%). The proposed solutions included spreading awareness among teachers 136(94.4%) and caregivers 131(91.0%) about timely reporting and consultation, and developing proper mechanisms to follow-up on victims 133(92.4%). There were significant associations between some demographic characteristics of the respondents and their self-perceived knowledge and perceptions ($p<0.05$).

Conclusion: There was found a need to enhance public trust, ensure confidentiality, and fostering awareness through targeted strategies for a safer and more facilitative environment for children.

Keywords: Child abuse, Abuse reporting, Awareness, Caregivers. (JPMA 74: 1114; 2024)

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Introduction

Child abuse, a global public health concern, is associated with significant consequences, affecting millions of children worldwide.[1] The World Health Organisation (WHO) categorises child abuse into four main types: physical, sexual, emotional abuse, and neglect.[2] Global data suggests 7.6% of boys and 18% of girls have experienced sexual abuse, 22.6% physical abuse, 35.3% emotional abuse, and 18% have been neglected.[3] Contributing factors to this include severe family stress due to economic crises, insufficient social support, and parental substance use disorders (SUDs).[4,5] Child maltreatment can have dire short-term and long-term consequences, persisting into adulthood and increasing the risk of developing psychiatric disorders, substance abuse, and negatively impacting social relationships. Moreover, higher incidences of comorbid depression, anxiety, anger management issues, and low self-esteem have been reported in these children.[6] Therefore, timely medical consultation and intervention are crucial for the identification, treatment and prevention of further harm.[7]

In Pakistan, child abuse remains a pressing issue, with high prevalence rates across all forms. An observational study conducted at a teaching hospital in Sialkot, Pakistan, found that 95.9% of participants with psychological or psycho-medical issues reported a history of child abuse and neglect.[8] Furthermore, a cross-sectional study in 4 government schools in Lahore revealed a significant association between child abuse and post-traumatic stress disorder (PTSD) symptoms.[9] Unique socio-cultural factors contribute to the occurrence and persistence of child abuse in the country.[10] These factors may also influence caregivers' perceptions and actions in seeking medical consultations for child abuse victims.

Several barriers to seeking medical consultations for victims exist globally and in Pakistan, including stigma, unawareness, insufficient healthcare facilities, and mistrust in providers.[11] Socio-cultural factors play a significant role in shaping caregivers' perceptions of barriers and

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challenges in seeking medical consultations for child abuse. A study indicated violence against children in South Asian societies is often viewed as inevitable, leading to underreporting due to stigma, shame and guilt.[10] Delays in action may also stem from limited knowledge about child abuse legislature, feelings of futility, guilt or misconceptions about parental rights.[12] Most non-governmental organisations (NGOs) in Pakistan focus on extreme cases of child sexual abuse, such as child rape or commercial sexual exploitation of children, resulting in physical and psychological abuse to be underreported.[13] Furthermore, financial constraints can impede seeking and maintaining medical care.[14] Consequently, it is crucial for medicolegal officers (MLOs) and healthcare professionals to identify signs and symptoms of abuse, particularly when caretakers may not disclose specific information regarding the events. There is also an urgent need to increase access and availability of these services.

Despite research on child abuse[8,9] data from Pakistan about caregivers' challenges in seeking medical advice for victims is limited. The Department of Paediatrics at the Aga Khan University Hospital (AKUH) initiated Child Protection Services (CPS) in 2019, providing consult-based services. It was noted that child abuse victims' families often deferred consultations and follow-ups. It is essential to understand the factors causing these delays in Pakistan's context, and not directly apply Western findings. Recognising these barriers will aid in the development of targetted interventions, improving medical care access for child abuse victims in Pakistan.

The current study was planned to assess the knowledge of caregivers in a tertiary care setting about child abuse, their perception of potential barriers in the way of seeking medical advice for the victims, and to identify proposed solutions to ensure prevention and reporting of child abuse, and comprised caregivers who were attendants of inpatients.

Subjects and Methods

The cross-sectional study was conducted from June to December 2022 at the paediatric ward of the AKUH in Karachi. After approval from the institutional ethics review committee, the sample size was calculated based on a study conducted in Nepal[15] and institutional inpatient paediatric data of the preceding year with 5% margin of error at 95% confidence level. The sample was raised using non-purposive consecutive sampling technique. Those included were caregivers who were attendants of children aged from 1 month to 18 years admitted for various medical conditions to the inpatient paediatric ward. Caregivers not consenting to participate in the survey and those not fluent in the Urdu language or were unable to comprehend the survey questions were excluded. The survey was administered to the caregivers during their child's stay at the hospital.

After taking informed consent from the participants, data was collected using a predesigned, anonymous survey questionnaire after thorough literature review. Key terms used in the literature search included child abuse, sexual abuse, physical abuse, emotional abuse, neglect, physical and mental health, and reporting abuse. The questionnaire was translated into Urdu and then back-translated into English to confirm content clarity. The first part of the survey captured demographic information of the respondents. The subsequent part had 27 questions divided into 3 parts. The 10-item first part assessed the respondents' self-perceived knowledge of child abuse, and the responses were recorded on a 6-point Likert scale. A higher score indicated greater perceived knowledge about each item, with the cumulative score out of a maximum of 50 points converted into percentages. For the purpose of analysis, arbitrary cut-offs were set to categorise self-perceived knowledge as low (<50% marks), moderate (50-70% marks) and high (>70% marks).

The 10-item second part of the questionnaire assessed perceived barriers to seeking consultation for child abuse. Respondents rated these items on a 6-point Likert scale (1-2: disagree, 3-4: neutral, 5-6: agree). The 7-item final component, scored on a 6-point Likert scale, evaluated the respondents' proposed solutions to improve the reporting of child abuse.

Data was analysed using SPSS 20. Frequencies and percentages were reported for qualitative variables, including age group, gender, marital status, relationship with child, qualification, and place of residence. The distribution of participants who disagreed, agreed or were neutral with each of the barriers to consultation and solutions to improve reporting of child abuse were also reported as frequencies and percentages. Chi-square tests was applied to evaluate the association of participants' demographics with their self-perceived knowledge of child abuse (low, moderate, or high). For each of the items related to potential barriers and solutions, chi-square test was employed for each to evaluate the association of participant demographics with the proportion of participants that disagreed, agreed or were neutral for the respective items. $P<0.05$ was taken as significant.

Results

Of the 144 caregivers, 96(66.6%) were females and 48(33.3%) were males. Overall, 86(59.7%) were aged <35 years, 132(91.7%) were married, and 120(83.3%) were the

Table-1: Demographic characteristics and self-perceived knowledge of the caregivers (n=144).

Variable	n (%)
Age Group (years)	
< 35	86 (59.7)
≥ 35	58 (40.3)
Gender	
Male	48 (33.33)
Female	96 (66.67)
Marital Status	
Married	132 (91.7)
Unmarried	12 (8.3)
Relationship with the child	
Parent	120 (83.3)
Mother	85 (59)
Father	35 (24.3)
Non-parent	24 (16.7)
Aunt	6 (4.2)
Grandmother	5 (3.5)
Cousin	4 (2.8)
Uncle	4 (2.8)
Sibling	3 (2.1)
Grandfather	2 (1.4)
Qualification	
Up to secondary schooling	65 (45.1)
No formal education	5 (3.5)
Primary	10 (6.9)
Secondary	50 (34.7)
Formal university schooling	79 (54.9)
Undergraduate	61 (42.4)
Postgraduate	18 (12.5)
Area of Residence	
Karachi	119 (82.6)
Non-Karachi	25 (17.4)
Self-perceived knowledge of child abuse	
Low (<50% marks)	4 (2.8)
Moderate (50-70% marks)	30 (20.8)
High (>70% marks)	110 (76.4)

admitted child's parent. Undergraduate schooling was the most common level of qualification 61(42.4%), while 5(3.5%) of the caregivers had received no formal education.

The majority of the participants perceived themselves to have high knowledge of child abuse and neglect 110(76.4%) (Table 1).

Barriers identified included a lack of trust in police and medicolegal departments 136(94.4%), fear of repercussion from the suspect 120(83.3%) and lack of confidentiality of the victims' identity 116(80.6%). Fear of disruption of the family's relationships was cited as the least significant 36(25%) barrier. The proposed solutions included spreading awareness among teachers 136(94.4%) and caregivers 131(91.0%) about timely reporting and consultation, and developing proper mechanisms to follow-up on victims 133(92.4%). Facilitation by print and electronic media for spreading awareness and for reporting of abuse was recognised by 123(85.4%) respondents as a potential solution (Table 2).

Table-2: Perceptions regarding barriers to seeking medical advice, and solutions to improve the situation.

Item	Disagree n (%)	Neutral n (%)	Agree n (%)
Barriers to consult			
Hesitant family members	14 (9.7)	21 (14.6)	109 (75.7)
Media hype and lack of case confidentiality	61 (42.4)	37 (25.7)	46 (31.9)
Lack of victim identity confidentiality	13 (9.0)	15 (10.4)	116 (80.6)
Fear of repercussion from suspect	11 (7.6)	13 (9.0)	120 (83.3)
Police and medicolegal related trust issues	6 (4.2)	2 (1.4)	136 (94.4)
Fear of victim related social stigma	42 (29.2)	37 (25.7)	65 (45.1)
Victims unable to discuss with guardians	69 (47.9)	34 (23.6)	41 (28.5)
Fear of disruption of relationships	70 (48.6)	38 (26.4)	36 (25.0)
Involvement of guardian/parents in abuse	35 (24.3)	34 (23.6)	75 (52.1)
Lack of knowledge on child abuse	20 (13.9)	17 (11.8)	107 (74.3)
Solutions to improve prevention and reporting of child abuse			
Spreading awareness amongst children	6 (4.2)	13 (9.0)	125 (86.8)
Spreading awareness amongst caregivers	9 (6.3)	4 (2.7)	131 (91.0)
Spreading awareness amongst teachers	5 (3.5)	3 (2.1)	136 (94.4)
Facilitation by print and E-media	13 (9.0)	8 (5.6)	123 (85.4)
Addition of child protection courses to school curriculum	10 (8.9)	8 (5.6)	126 (87.5)
Spreading awareness about timely reporting and consultation	6 (4.2)	8 (5.6)	130 (90.3)
Proper mechanism to follow up on victims	6 (4.2)	5 (3.5)	133 (92.4)

Age of the caregivers had a significant association with their self-perceived level of knowledge (p=0.001), with their agreement with victims' inability to discuss issues with their guardians (p=0.01) and with guardians' involvement in child abuse (p=0.003) as barriers towards reporting. A significant association was also noted for respondents' qualification status with their agreement on fear of relationship disruption (p=0.024), and fear of victim-related social stigma (p=0.006) as barriers against consultation for child abuse (Table 3).

Discussion

The current findings indicated that most respondents had moderate to high levels of self-perceived knowledge of child abuse and neglect, which is crucial for recognising and addressing such issues. However, there was room for improvement, especially among younger and less educated caregivers. These findings were in line with existing literature regarding knowledge levels in the South Asian region.[15] As such, it is necessary for future campaigns and interventions to target the younger cohort of caregivers.

Many themes emerged from the current data. Police and medicolegal-related trust issues played a significant role. Many respondents said that failure to establish a trustworthy relationship with the police and medicolegal system can discourage victims of abuse and their caregivers from reporting the case and seek medical consultation. Many victims of abuse experience secondary victimisation as a result of negative interactions with the police and medical personnel.[16] Furthermore, fear of repercussions from the suspect proved to be an impediment. The respondents stated that if the perpetrator

is reported and no legal action is taken against them, it makes the victim more vulnerable and encourages the perpetrator to carry out the same assault again.[17] The lack of victim identity confidentiality also appeared to be a major concern for caregivers. Reporting the assault to the police or the media would violate confidentiality, and the social stigma associated with abuse survivors would make life even more difficult. Social stigmatisation can lead to victims being isolated and rejected by their families, as well as being bullied by co-workers/classmates.[18]

Table-3: Association of caregiver demographics with self-perceived knowledge of child abuse, and perceptions related to barriers against reporting.

Item	Caregiver demographic	*p*-value*
Self-perceived knowledge levels	Age	<0.001
	Gender	0.781
	Marital status	0.529
	Relationship with child	0.703
	Qualification	0.466
Barriers		
Hesitant family members	Age	0.37
	Gender	0.832
	Marital status	0.323
	Relationship with child	0.532
	Qualification	0.105
Media hype and lack of case confidentiality	Age	0.713
	Gender	0.565
	Marital status	0.09
	Relationship with child	0.362
	Qualification	0.051
Lack of victim identity confidentiality	Age	0.286
	Gender	0.803
	Marital status	0.201
	Relationship with child	0.795
	Qualification	0.161
Fear of repercussion from suspect	Age	0.222
	Gender	0.33
	Marital status	0.018
	Relationship with child	0.021
	Qualification	0.052
Police and medicolegal related trust issues	Age	0.356
	Gender	0.806
	Marital status	0.649
	Relationship with child	0.756
	Qualification	0.078
Fear of victim related social stigma	Age	0.469
	Gender	0.877
	Marital status	0.435
	Relationship with child	0.247
	Qualification	0.006
Victims unable to discuss with guardians	Age	0.01
	Gender	0.24
	Marital status	0.531
	Relationship with child	0.22
	Qualification	0.738
Fear of disruption of relationships	Age	0.399
	Gender	0.113
	Marital status	0.622
	Relationship with child	0.207
	Qualification	0.024
Involvement of guardian/parents in abuse	Age	0.003
	Gender	0.35
	Marital status	0.314
	Relationship with child	0.394
	Qualification	0.217
Lack of knowledge on child abuse	Age	0.085
	Gender	0.283
	Marital status	0.674
	Relationship with child	0.85
	Qualification	0.747

*Chi-square test conducted for each item with each caregiver demographic

The current study also revealed significant associations between respondent demographics and their perceptions of barriers against consultation. Older respondents were more likely to agree with certain barriers, such as the victim's inability to discuss issues with their guardians, and the involvement of guardians in abuse. This finding suggests that age-related factors might influence individuals' perceptions of the barriers to reporting child abuse. Such factors may include generational differences in attitudes and beliefs regarding child abuse and discipline, varied level of trust in institutions, like law-enforcement or social services, owing to the volatile political conditions in the region, and a difference in exposure to information and awareness campaigns (through online platforms, for example) about child abuse.

Furthermore, caregivers with lower education levels were more likely to agree with the fear of victim-related social stigma as a barrier, emphasising the importance of targetting interventions towards caregivers with lower educational backgrounds. Prior regional data also supported the finding, with studies reporting a greater incidence of child abuse in households of caregivers with poorer education levels.[19] Thus, interventions targetted towards encouragement of caregivers to attain adequate education are imperative for eradication of such stigmas.

The current study provided insights into the problems that prevented people from reporting child abuse. The identified barriers can be addressed in order to improve consultation with abuse victims. It is important to recognise the role of existing frameworks and initiatives in place for child protection within the region. Notably, the Sindh Child Protection Authority (SCPA) and the Social Welfare Department have made substantial efforts towards safeguarding children's rights, including the establishment of a helpline and the appointment of child protection officers in each district of Sindh.[20,21] Such measures are pivotal in providing immediate and accessible support for child abuse victims. The role of the National Commission on the Rights of Child (NCRC) is also significant.[22] The establishment of specialised departments within medical institutions can complement these existing measures, further streamlining the process of reporting and consultation on child abuse cases and ensuring victims receive the support and protection they need. Besides, the

existing laws must be implemented against the perpetrators so that victims feel safe reporting the assault.

The current study has limitations as it was a single-centre private-sector research that may reflect selection bias and limit the generalisability of the findings. Additionally, a qualitative component would have facilitated an in-depth exploration.

Conclusion

Trust in police and medicolegal systems was found to be of crucial value. Confidentiality and fear of repercussions were also significant barriers in the way of seeking medical consultation for child abuse victims. Addressing these barriers required a multi-faceted approach to work towards creating a safer environment and promoting help-seeking behaviour.

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