

Attitude towards Child Abuse: Identified Predictors in Some Health Care Centre in Lagos State

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ABSTRACT

When most people imagine a child molester, they envision an ugly man in a trench coat coaxing children with biscuit. They don't picture the family member, the neighbor next door, the friendly parishioner, or a trusted co-worker. They don't think of mom or dad. Efforts to understand the etiology of abuse have led researchers to examine the personal history of parents who abuse their children. Hence this study considered the attitude of parents towards child abuse with the aim of identifying the predicting variables. Parents from five health centres in Lagos State were selected as participants in the study using 120 participants comprising sixty (60) males and (60) females. Attitude towards child abuse was measured with a twenty five item questionnaire developed by the researchers based on the list of items published as tip-off of child abuse and neglect by the American Humane Association and the Nigeria culture. It was found that masculine gender and participants aged 40 and above are important variables in predicting attitude of parents towards child abuse. Findings from this study provide a guide for more focused prevention, investigation and treatment efforts of abused children.

Keywords: Attitude towards child abuse, parents

1. Introduction

A staggering 15 million children under the age of 14 are working across Nigeria. Many are exposed to long hours of work in dangerous and unhealthy environments, carrying too much responsibility for their age (UNICEF, 2006). Working in these hazardous conditions with little food, small pay, no education and no medical care establishes a cycle of child rights violations.

While children have always worked in Nigeria, the figures have significantly increased over the years. The end of the oil boom in the late 1970s coupled with mounting poverty has driven millions of children into labour.

Traditionally, children have worked with their families, learning skills they would need as adults, but today children are forced to work for their own and their family's survival. The money earned by child family members has become a significant part of poor families' income.

In Nigeria, Child right is recognized in section II of child rights act 2003 which stated that; every child is entitled to respect for the dignity of his person, and accordingly, no child shall be- subjected to physical, mental or emotional injury, abuse, neglect or maltreatment, including sexual abuse; subjected to torture, inhuman or degrading treatment or punishment; subjected to attacks upon his honor or reputation.

Child abuse is the intentional or unintentional acts which endanger the physical, health, emotional moral and educational welfare of the child (Ikena & Hetty, 1990). Kelvin and Robert (1993) child abuse and maltreatment in five different ways: Physical abuse, which include assaults on children that produce pains and physical injury including cuts, bruises and broken bones; sexual abuse, which include sexual molestation, intercourse and sexual exploitation; physical neglect, which includes exposure of children to conditions where they receive insufficient food, clothing, shelter, medical care and so on; emotional neglect, in which parents or other caregiver fail to provide children with the basic nurturance and emotional support required for normal development and psychological abuse, which involves actions that damage a child's emotional, social, or intellectual functioning.

When most people imagine a child molester, they envision an ugly man in a trench coat coaxing children with biscuit. They don't picture Uncle Uche or Aunt Grace, the neighbor next door, the friendly parishioner, or a trusted co-worker. They don't think of mom or dad.

The notion that a child will be seized from the street and forcibly molested has been effectively dispelled through information obtained in thousands of child sexual abuse investigations over the years. Although these incidents do occur, the vast majority of child molesters are adults who seduce children through subtle intimidation and persuasion, and are known to the child or the parents.

Child molesters come from all walks of life. They can be male or female, rich or poor, employed or unemployed, religious or non-religious, or from any race.

Efforts to understand the etiology of abuse have led researchers to examine the personal history of parents who abuse their children. For years it was postulated that a history of physical abuse in childhood would lead parents to abuse their own offspring. Although the large majority of parents with a history of abuse do not abuse their own children, such a history increases the propensity for child abuse when such parents are compared with adults

who have no history of being abused as children (Kaufman & Zigler, 1987, 1993). Other aspects of personal history may also predispose a parent to child maltreatment. In light of research documenting the long-term sequelae of child sexual abuse (Briere & Runtz, 1987; Browne & Finkelhor, 1986), for example, it is reasonable to expect that such experiences could foreshadow an increased risk of abuse of offspring and, in fact, there is evidence that teenage mothers with a history of sexual abuse are more likely to abuse their children (Boyer & Fine, 1991). Adults who have a history of witnessing partner violence may also be more prone to abusing their own children because of the deleterious effects on children of witnessing partner violence (Jaffe, Wolfe, & Wilson, 1990; Pynoos & Eth, 1986; Wolak & Finkelhor, 1998), and because partner violence may be perceived as a familiar if not an accepted means of resolving disagreements (Milner & Chilamkurti, 1991).

A proneness to child maltreatment also is enhanced by an adult's difficulties with managing anger, hostility, and aggression (Daro, 1988; Milner & Dopke, 1997; National Academy of Sciences, 1993). Although many parents get angry and punish a child when the child does not deserve it, heightened problems with anger management may be reflected in frequent episodes of unjustified punitiveness, and reveal a proneness to abusive behavior, especially when parents are under stress. Indeed, depending on how the child responds when undeservedly punished, such episodes may escalate into more severe struggles between parent and child that result in harm to the child.

One of the foremost risk factors is social isolation (Thompson, 1995). Single parents are more prone to abusive behavior, especially when they have several children, because of the absence of a partner to contribute income, share parenting responsibilities, and temper difficulties with offspring (Gelles, 1997). The broader social isolation of a family within the neighborhood or community also has been identified as a risk factor for child maltreatment (Thompson, 1995).

The parent's gender also may be an important predictor of child maltreatment, although in complex ways. Physical punishment of children by males tends to be harsher, and, indeed, more physical injuries result from males than females (Wolfe, 1987). Men also are more likely to be perpetrators of sexual abuse than are women (Finkelhor, 1987). However, because mothers are typically in greater contact with offspring, mothers are more often found to be responsible for physical abuse or neglect (Gelles, 1997).

Demographic variables associated with child maltreatment include parent education, religiosity, and ideology. Low socioeconomic status (as approximated by parent education) is a highly reliable predictor of child maltreatment because of the fewer resources available to support effective parenting, the enhanced stress experienced by disadvantaged parents, and the challenges presented by declining and often dangerous neighborhoods (National Academy of Sciences, 1993; Pelton, 1994). Religiosity and ideology may interact with each other in shaping attitudes concerning physical punishment, the nature of children, the role of parents, and other beliefs relevant to child treatment.

2. Method

2.1 Design

A cross-sectional design was adopted for the study

2.2 Data and participant

A total of five different health centers in Lagos state were used. The participants were randomly selected from the current list of health centres in Lagos state. One hundred and twenty (120) participants comprising sixty (60) males and (60) females with each group consisting of thirty (30) senior and junior staff, however, for the purpose of this research, education from none to secondary level was taken as low education while those with tertiary education represent high education.

2.3 Instruments

A twenty five item questionnaire developed by the researchers based on the list of items published as tip-off of child abuse and neglect by the American Humane Association and the Nigeria culture were used for this study. The questionnaire was standardized through a pilot study carried out by the researcher in which 15 undergraduate students of Psychology attested to the content and face validity of the test. Only items that had concordant rate of 75% were selected by the researcher. Thus, out of the 40 initial items of the questionnaire, only 25 items were finally used for the study. The questionnaire is a three-point scale which A-agree, B-Undecided, and C-Disagree. A-agree signifies positive response, B-undecided represents a neutral response while C- disagree represents a negative response to the statements.

2.4 Statement of hypotheses

1. Gender will have no significant impact to parents attitude towards child abuse
2. Age will have no significant impact on parents attitude towards child abuse
3. Level of education will have no significant influence on parent's attitude towards child abuse.

2.5 Procedure

In the first instance, questionnaires were taken to the health centers by the researchers. Later, due to time constraints, they gave some of the questionnaires to friends working in the health centres who then became their research assistants. They were to either collect it immediately or some days later. The highest number of days that were allowed for collection was two working days.

3. Results

Table 1: the outcome of a 2X3 chi-square contingency table for gender and attitude towards child abuse

Gender	Positive	Negative	Total	Df	X ²	P
Male	31 (25.8%)	29 (24.2%)	60 (100%)	1	4.033	<0.05
Female	41 (34.1%)	19 (15.8%)	60 (100%)			
Total	72 (60%)	48 (40%)	120 (100%)			

Table 2: the outcome of a 2X3 chi-square contingency table for age and attitude towards child abuse

Age	Positive	Negative	Total	df	X ²	P
20-40	26 (72.2%)	10 (27.8%)	36 (100%)	1	2.074	<0.05
40 and above	49 (58.3%)	35 (41.7%)	84 (100%)			
Total	75 (62.5%)	45 (37.5%)	120 (100)			

Table 3: the outcome of a 2X3 chi-square contingency table for education and attitude towards child abuse

Education	Positive	Negative	Total	Df	X ²	P
High	31 (86.1%)	5 (13.9)	36 (100%)	1	3.386	>0.05
Low	59 (70.2%)	25 (29.8%)	84 (100%)			
Total	90 (75.0)	30 (25.0%)	120 (100%)			

4. Discussion

The current investigation evaluates the connections between parental characteristics and child abuse potentials, it was found that female parents and parents aged forty and above were more likely to abuse children. Overall, the results suggest a pattern of associations whereby parent-child physical aggression in various forms is associated with both parent's characteristics and child abuse potential.

However, an examination of differences for those parents who are educated and those who are not, no particular difference was observed in their attitude towards child abuse.

5. Recommendation

The following were recommended from the study:

Highlighting these findings is not meant to diminish, blame parents or children for child abuse in Nigeira, nor to say that these are the only predictors of child abuse in the family. However, these findings do provide a guide for more focused prevention, investigation and treatment efforts.

The findings also suggest that public education campaigns focusing on "family danger" need to be balanced with programs that recognise the danger that exists for many children in the home and among family.

6. Limitation

A number of limitations to the present study should be acknowledged. Since the study is meant to represent health workers in Lagos State, the sample size of five (5) health centres might not be a true representative of the population. It is therefore recommended that future researchers should attempt to make the samples more representative by selecting from every local government and, also to include more of the health centres into the research sampling unit. The time used in carrying out this study was short and this might have affected the findings of the study.

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