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Original Research

Knowledge and Attitude on Child Abuse amongst Practicing Pediatric Dental Surgeons: A Questionnaire Survey

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ABSTRACT:
Aim: Purpose of our study was to assess the knowledge of child abuse in pediatric dentists and to evaluate their knowledge to tackle these cases. **Methodology:** Questionnaire Survey was conducted amongst 62 paediatric dentists over a period of 2 months. The questions were based on their knowledge on identifying various signs and symptoms which is relevant for Child Abuse (CA) diagnosis, as well as management of the same and reporting it to necessary official authorities. **Results:** Around 77.5% of respondents were confident enough to detect CA in their patients. However, only 45% of them, recorded or documented these signs and symptoms in the specific patient file. Unfortunately, only 34% of them, reported cases of CA to relevant legal authorities as they consider this as a legal hassle. **Conclusion:** It can be concluded that dentists effectively suspect cases of CA in their clinical practice, but few report such cases. Most common reason for under-reporting is police and authorities involvement, which dentists choose to neglect because of fear and apprehension about the procedures.
Key words: Dental neglect, Dentists, Maltreatment, Diagnosis, Child abuse, Child neglect, Child protection.

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INTRODUCTION

Child Abuse (CA) is complicated to define. In effect, the definition changes in different studies according to the context involved, since there is a lack of agreement in the scientific community that prevents homogenization of the different definitions. The definition of Child Neglect (CN) was done by Greenbaum et al. as the failure of the primary caregivers to meet the child's basic intellectual, physical, or emotional needs,[1] though no precise indication is given as to what the parents or caregivers have to do (or not do), or for how long, to cause immediate or potential harm.[2] The Expanded Hierarchical Classification System (EHCS) is the most widely used tool and classifies child abuse into four broad categories: sexual abuse, physical abuse,

neglect and emotional abuse.[3] There are high comorbidity levels among these four categories.[4]

It has been found that approximately 50-80% of all documented cases of CA involve the head and neck region (traumatisms of the mouth, head and face), thereby placing dental professionals in a dominant position for detecting and diagnosing the physical and emotional manifestations of CA and reporting it to the competent authorities. Unfortunately, according to Kaur et al, 55% of the surveyed dentists did not have the capacity to interpret suspect cases and identify signs of abuse, due to a lack of training in the field and of knowledge about how to report such cases to the authorities.[5] Child abuse thus constitutes a largely unknown and little reported social problem that affects all countries and social spheres.[6]

Although dentists are capable of recognizing and suspecting cases of CA, there is a lack of knowledge about how to proceed in such cases. This contradiction between suspicion and reporting shows the adequate management of children suffering CA to remain deficient. In order to address this problem, it is necessary to establish whether the theoretical knowledge of dentists is correct and sufficient to diagnose and report CA.[7]

The main physical and psychological consequences of abuse were found to be the presence of caries, poor oral hygiene, bruises, burns, bacterial and viral infections, fractures, lacerations, malocclusions due to traumatisms, biting and psychological alterations such as anxiety, depression or stress. With regard to oral health and the presence of caries, Duda et al. found the number of treated caries and the number of primary teeth lost by victims of CA to be significantly greater than in the group of children without abuse. Children suffering neglect have poorer oral health and a higher prevalence of caries.[8] Dental traumatisms and fractures are among the most common clinical findings (59.7%), with the upper incisors being the most frequently affected teeth. Long evolving caries and abscesses are indicative of neglect while infections and sexually transmitted diseases such as syphilis, condylomas and palatal petechiae are indicative of sexual abuse. With regard to burns, those caused by flame or fire are the most prevalent in CA, as evidenced by Andronicus *et al* likewise studied burns in CA and found the most frequent presentation to consist of symmetrical lesions with regular margins and of the same depth.[7]

An important prerequisite for reporting suspected cases of child abuse is the basic knowledge about what to look for and how to diagnose these cases. Education is the critical factor in enhancing the ability of professionals to detect cases and increase their confidence and commitment to reporting suspicious cases.[9] Due to an alarming rise in child abuse cases, reporting is ethical and legal obligation of health care professionals. Dental neglect, a form of physical neglect, is still a severe problem that hinders child development despite the great advancements in oral health. Dentists should make sure that the parents understand the explanation of the disease and its implications.[10]

AIM OF THE STUDY

Purpose of our study was to assess the knowledge of child abuse in pediatric dentists and to evaluate their knowledge to tackle these cases.

METHODOLOGY

Questionnaire Survey was conducted amongst 62 paediatric dentists over a period of 2 months. Participants consisted of 40 male and 22 female pedodontics. A web-based questionnaire was distributed via email to all survey participants. The questions were written in the English language and in an open-ended format. It was reviewed by two psychologists with knowledge of this field. (Table 1)

The questions were based on their knowledge on identifying various signs and symptoms which is relevant for CA diagnosis, as well as management of the same and reporting it to necessary official authorities. They were also asked that how can knowledge of undergraduate and post graduate students can be increased in this area.

Their responses were recorded in a Microsoft excel sheet and were subjected to descriptive statistics using statistical software.

RESULTS

Results of our study indicated that survey participants do have a firm opinion (89%) about dentists being able to recognize various signs and symptoms of Child Abuse. Around 77.5% of respondents were confident enough to detect CA in their patients. However, only 45% of them, recorded or documented these signs and symptoms in the specific patient file. Unfortunately, only 34% of them, reported cases of CA to relevant legal authorities as they consider this as a legal hassle and also fear that if addressed then the affected child might be abused more later on. They think that it's better to make their parents understand rather than reporting it ahead and get involved in further proceedings. (Table 2)

Around 67% do wish to update their knowledge about child abuse and mis-treatment against child patients. 84% of the survey participants believe that low socioeconomic status directly leads to development of CA. Pediatric dentists believe that internet sources, journals, seminars and CDE programs will help to update knowledge in this regard.

Table 1- Questionnaire of the present survey.

S.NO.	QUESTIONS
1	Do you consider dentists to have an important role in detecting cases of child abuse?
2	Are you confident enough to detect various signs and symptoms of CA?
3	Do you document cases related to CA with its symptoms in a patient file?
4	Do you report CA cases to relevant authorities?
5	How do you update your knowledge related to CA?
6	Do you have awareness about child protection laws in Indian constitution?
7	Do you relate improper or lack of education amongst society to be a cause of CA?
8	Do you wish to improve your knowledge regarding CA?
9	What sources do you rely on for updating your knowledge of CA?

Table 2- Data recorded in the present study.

S.No.	Questions relevant to the study	Dentist's positive response
1	Able to recognize signs of CA	89%
2	Confident to detect and handle cases of CA	77.5%
3	Documentation of cases of CA	45%
4	Reporting CA cases to legal authorities	34%
5	Wish to Update knowledge about CA	67%
6	Low socio-economic status leads to CA	84%
7	Knowledge about child protection laws	62%
8	Dentists have a major role in identifying signs of CA	83%
9	Rely on sources other than books for updating knowledge on CA	87%

DISCUSSION

World Health Organization (WHO) defines child abuse/maltreatment as engaging in an action or not engaging in an action by the parents or a child's guardian (s) that violates the child's rights and puts his/her favourable life, development and dignity at risk.[11] Children are always more vulnerable than other community members due to their young age and lack of sufficient skills. Based on the annual report of United Nations Children's Fund (UNICEF), a number of children lose their lives due to violence and maltreatment.[12]

Dentists have different attitudes and positions with respect to the handling and reporting of cases of abuse: some prefer to inform the police or call telephone help services for cases of abuse, while others prefer to talk with the parents or caregivers or contact the authorities. In turn, others prefer to consult cases of this kind with colleagues or other specialists before deciding any measures or to contact social services, lawyers, or the reference hospital of the child. Lastly, some dentists decide not to report cases of abuse. The most common practice is reporting to the police or pertinent authorities, followed by consultation with other specialists.[7] A minority prefer to talk with parents or caregivers. However, according to Manea et al. among other investigators, a large proportion of those surveyed claimed that they would report cases of abuse to the authorities, but had no clear idea of what authorities should be contacted.[13]

In a study conducted in Jordan, more than half of the dentists surveyed (57%) reported that CAN occurred mostly in low socio-economic households, rather than in middle or high socio-economic classes. In another study, a link between parent unemployment and the risk of child maltreatment was identified. Despite these findings, however, it is important for healthcare providers to recognize that child maltreatment is not confined to poverty and low socio-economic classes.[14]

A number of studies coincide that the most important element in the detection of these clinical manifestations is to take into account the aforementioned characteristics, together with discrepancies between the clinical data and the story told; suspicious behaviour on the part of the parents; the behaviour of the child with emotional problems; and the presence of bilateral injuries in different stages of healing or with a specific pattern indicative of abuse. Victims of CA are scantly cooperative in the dental clinic, and are at an increased risk of suffering emotional and psychological disorders in both childhood and adult life.[7]Therefore, the quality of the medical education is an important aspect to increase the revealing and documentation of child maltreatment. Efforts should be made by the Dental Council of India (DCI) to introduce management of CA in the dental curriculum at the level of under-graduation as well as post-graduation. There should be mandatory seminars to spread awareness regarding CA among dental educators as well as practicing dentists and their staff. [15]

CONCLUSION

It can be concluded that dentists effectively suspect cases of CA in their clinical practice, but few report such cases. This important discrepancy between the

number of suspected cases and the cases actually reported is due to the existence of a series of barriers that complicate the task of the dental professional - thus underscoring the need to improve training in this setting, since cases of CA may persist over time if adequate measures are not taken.

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