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ORIGINAL ARTICLE

DETECTING CHILD ABUSE: KNOWLEDGE AND ATTITUDE AMONG DENTAL CARE PROVIDERS IN PUNJAB

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ABSTRACT:
Background: Child abuse and neglect is a serious global health issue which not only affects the victims' physical and mental health but also, by extension, on society in general. Each year, however, millions of children around the world are the victims of and witnesses to physical, sexual and emotional violence. **Aim:** The aim of the present study is two-fold: to access the attitude, knowledge and perceptions of the dentists regarding child abuse, and to investigate professional characteristics associated with the identification of suspected child abuse. **Materials and Methods:** A questionnaire was sent to 250 dentists including both graduates and post graduates who are members of DCI working in various cities of Punjab. The questionnaire consisted of 23 questions in all regarding the demographic data, practitioner's knowledge concerning child abuse and their personal experience with the suspected and confirmed child abuse cases. **Results**: Of the 250 dentists surveyed, response rate was 100%. Awareness about signs of physical, sexual and diagnostic indicators of abuse was present amongst most of the dentists. No one had ever reported a case of child abuse and only 12% know where to report. When enquired about the child helpline number, only 35.2% had knowledge about the same. **Conclusion:** The results indicate lack of awareness among the professionals about where and how to report child abuse cases. So they need to receive information for the same.
Key Words: Child abuse, sexual, emotional, dentist's knowledge, reporting.

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INTRODUCTION

India is home to almost 19% of the world's children. More than one-third of the country's population, around 440 million, is below 18 years of age. In a country like India with its multi-cultural, multi-ethnic and multi-religious population, the problems of socially marginalized and economically backward groups are immense[1]. Child Abuse was and continues to be, one of the most heinous crimes designed and perpetuated by human beings against some of the most vulnerable and defenceless sections of the community. It is a malaise on a society that prides itself on the rule of law, democracy and the various freedoms enshrined in the Constitution. According to the World Health Organisation, "Child maltreatment, sometimes referred to as child abuse and neglect, includes all forms of physical and emotional ill treatment, sexual abuse, neglect, and exploitation that results in actual or potential harm to the child's health, development or dignity[2]." In India, Child Abuse occurs in various spaces including the home, neighbourhood, schools, and temporary homes of shelter for abandoned and neglected children, railway platforms, jails and refugee camps[3]. The problem is deep rooted and is one that the community is hesitant to accept and acknowledge[4]. In the recent years the community has become increasingly aware of the problem of child abuse in society[5]. The 9th ISPCAN Asia Pacific regional Conference of Child Abuse & Neglect (APCCAN 2011) conference outcome document "Delhi Declaration" re-affirmed and pledged a resolve to stand against the neglect and abuse of children and to strive for achievement of child rights and the building of a caring community for every child, free of violence and discrimination. It urged and asserted the urgent need to integrate principles, standards and measures in national planning processes, to prevent and respond to violence against children[7]. Among the health professionals, dentists are probably in the most favourable position to recognize child abuse and neglect because 50–75% of the reported lesions involve the mouth region, the face and the neck[7]. Craniofacial, head, face, and neck injuries occur in more than half of the cases of child abuse[1]. The indicators that may be noticeable to the dental professional include trauma to the teeth and injuries to the mouth, lips, tongue or cheeks that are not consistent with an accident. Other common signs of child abuse include fractures of the maxilla and mandible and oral burns. Injuries to the upper lip and maxillary labial frenum may be a characteristic in severely abused young children[8]. Despite the opportunities available to the dentists in detecting child maltreatment, they seldom report suspected oro-facial injuries[9]. Abuse or neglect may present to the dental team in a number of different ways: a) through a direct allegation made by the child, a parent or some other person; b) through signs and symptoms which are suggestive of physical abuse or neglect; c) through observations of child behavior or parent–child interaction. Therefore the aim of the present study is two fold:

1. To assess the current status of their knowledge and attitudes about child abuse.

2. To increase their awareness of child abuse in order to encourage the reporting of suspected cases.

MATERIAL AND METHODS

The study sample was selected from various cities of Punjab and it included both graduates and post graduates who are the members of Dental Council of India. A close ended questionnaire was prepared. It included questions on demographic data, years of practice, qualification, type of practice, six questions surveying knowledge about physical abuse, three questions on sexual abuse, five questions on diagnostic indicators of abuse and knowledge regarding child helpline, where and how to report a suspected case of child abuse. The questionnaire was then administered in a standardized manner by a post graduate student of National Dental College, Dera Bassi, Punjab in association with the research supervisor. The post graduate student returned back to the dentists after a period of 7-14 days in order to collect the questionnaire. All the participants were then coded to ensure the confidentiality of the information.

DATA ANALYSIS

All the data were coded, tabulated and recorded on an excel database sheet. Descriptive and non parametric statistics were used to analyze the independent variables.

RESULTS

Of the 250 dentists surveyed, response rate was 100%. Table I shows demographic characteristics and profiles of dental practitioners in Punjab. The majority of the dentists surveyed were males (58%). About 79.6% dentists had upto 5 years of dental practice. Among all the dentists included, 56.4% were graduates and 45.6% were post graduates.

Table II and III represents the dentist's knowledge regarding signs of physical and sexual abuse.79.2% of the dentists marked an incorrect response for the question: burns are noted in many child abuse cases and they have the shape of a heated object and 76% marked wrong answer for the question bruises noted around the neck are usually associated with accidental trauma.

Table IV represents the knowledge of the dentist's regarding diagnostic indicators of child abuse and neglect. 95.2% marked an incorrect response for the question, children who have been abused usually tell someone soon after the abuse and 92.8% dentists think that child abuse and neglect are primarily associated with the stresses of poverty and rarely occurs among middle or high income groups, which is not true. Among all, only 35.2% of the dentists were aware of the child helpline number.

In spite of the knowledge regarding various signs of child abuse and neglect, none of the dentists surveyed had ever reported a case of child abuse and when enquired about the reasons for their hesitance to report, 68.4% dentists delineated a lack of knowledge about a dentist's role in reporting a case of child abuse and neglect.

TABLE I: Demographic characteristics and profiles of dental practioners in Punjab

VARIABLES	n(%)
Sex	
Male	145(58%)
Female	105(42%)
Years of dental practice	
Upto 5	199(79.6%)
5-10	48(19.2%)
10-20	3(1.2%)
>20	0
Type of license	
Graduate	141(56.4%)
Post Graduate	109(45.6%)

TABLE II: Dentist's knowledge regarding physical abuse

S.No	Questions regarding physical abuse	Correct (%)	Incorrect (%)
1	Bruises on the cheek indicate slapping or grabbing of the face	239(95.6)	11(4.4)
2	Repeated injury to the dentition resulting in avulsed teeth or discoloured teeth may indicate repeated trauma from abuse	195(78)	55(22)
3	Bruises noted around the neck are usually associated with accidental trauma	60(24)	190(76)
4	Burns are noted in many child abuse cases and they have the shape of a heated object	52(20.8)	198(79.2)
5	Bite marks noted on a child's neck or less accessible areas should be investigated, as bite marks are frequently a component of child abuse	250(100)	0(0)
6	A strong correlation exists between dental neglect and presence of physical neglect	244(97.6)	6(2.4)

TABLE III: Knowledge regarding sexual abuse

S.No	Questions regarding sexual abuse	Correct (%)	Incorrect (%)
1	Psychosomatic complaints by the child may indicate a problem relating to sexual abuse	218(87.2)	32(12.8)
2	Seductive behaviors by a child toward the dental staff may be indicative of prior sexual abuse of the child	244(97.6)	6(2.4)
3	A child's failure to make an eye contact and respond to the dental staff may be a sign of sexual abuse	250(100)	0(0)

TABLE IV: Knowledge regarding diagnostic indicators of abuse

S.No	Questions regarding diagnostic indicators of abuse	Correct (%)	Incorrect(%)
1	Child abuse and neglect are primarily associated with the stresses of poverty and rarely occur among middle or high income earners	18(7.2)	232(92.8)
2	Children who have been abused usually tell someone soon after the abuse	12(4.8)	238(95.2)
3	If a child readily states that an adult has caused harm, the accusation should be addressed	247(98.8)	3(1.2)
4	Child abuse may be indicated if a parent describes a child's injury as a self inflicting injury	231(92.6)	19(7.4)
5	Child abuse may be indicated if a parent reports a child's injury as a sibling inflicted injury	203(81.2)	47(18.8)
6	Child abuse may be indicated if a parent delays seeking medical attention for a child's injury	250(100)	0(0)
7	Know child helpline number	88(35.2)	162(64.8)

TABLE V: Reasons for hesitance to report a suspected case

S.no	Reasons for hesitance to report	Yes(%)	No (%)
1	Lack of adequate history	70(28)	180(72)
2	Lack of knowledge about abuse and dentist's role in reporting	0(0)	250(100)
3	Concern about effect on practice	171(68.4)	79(31.6)

DISCUSSION

Every child worldwide has the right of a loving environment and deserves a life free from violence, and child protection is the duty of every member of the society[10]. This study used a self-made close ended questionnaire to obtain information from dentists about their attitudes and perceptions regarding child abuse and neglect. The representative sample and the high response rate achieved allowed for a valid assessment. The knowledge of child abuse demonstrated by the respondents in this study is of particular interest. Overall, most respondents were well able to define child abuse in terms of physical and emotional aspects and provide psychosocial and medical signs of child abuse. 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[11]. Inspite of the knowledge among the respondents regarding signs of child abuse and neglect, none of them had ever reported a case of child abuse and only 35.4% of the respondents were aware of the child helpline number which clearly indicates their unawareness about where and how to report a suspected case . If doubt exists concerning whether to report or not the suspected case, consultation with the patient's physician, a social worker, or with the local government authorities is recommended[2]. When enquired about the reasons for not reporting a case of child abuse, 64.8% dentists showed a lack of knowledge about dentist's role in reporting a case of suspected child abuse. Dentists who suspect or recognize some form of child abuse, have a responsibility of reporting it to the concerned authorities. Dental professionals are mandated by law to report suspicions of child abuse and neglect, but surveys show that dentists do not fulfil their obligation to report[12]. Moreover 92.8% of the dentists think that child abuse and neglect are primarily associated with the stresses of poverty and rarely occur among middle or high income groups, a statement which is completely false. These results are similar to that of the study from Gujarat[11] but higher than that of the results from the studies in Jordan, UK, US, and Australia[4]. This answer marked by most of the respondents might be due to their lack of experience in detecting a case of child abuse. A Few respondents (7.2%) were aware that current epidemiological reports of child abuse indicate that it is not more prevalent in particular socio-economic groups and that the scope of the problem knows no social, educational or financial boundaries.

CONCLUSION

This study of the knowledge and attitudes of dentists in Punjab about child abuse has demonstrated a poor

overall understanding of the problem, despite a very high level of interest demonstrated by the respondents. In view of the high likelihood of oro dental injuries occurring in association with child abuse, and no reporting of cases by the dental professionals, this study has demonstrated a clear need for dentists to receive further formal training at the levels of undergraduate, postgraduate and continuing professional dental education in the recognition and reporting of child abuse. The dental professionals must become actively involved in the recognition of all types of child abuse. Although not currently mandated in all states of India to report the problem, all dentists should address their professional obligation to do so when confronted with a suspected case of child abuse, and should become fully aware of the appropriate reporting procedures in their location.

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