SPOT THE UNSEEN - PERCEPTION OF DENTAL PRACTITIONERS IN RECOGNISING AND REPORTING CHILD ABUSE AND NEGLECT

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Abstract:

Back ground: Child abuse and neglect (CAN) is a widespread social phenomenon encompassing all forms of maltreatment with serious lifelong consequences. Dentists are in the unique position to identify the symptoms of CAN often visible in craniofacial region.

Aim and Objectives: The aim of this study was to analyze dentist's knowledge, awareness and reporting of child abuse and neglect (CAN) and the factors affecting the recognition and reporting of CAN cases.

Methods and Materials: A self administered questionnaire survey was conducted among Dental Practioners of Bengaluru City. Total of 1700 private dental practitioners of Bengaluru made up the sampling frame of the study and a sample of 480 dental practioners was selected. Around 50 to 60 dental practioners were randomly selected by stratified random sampling technique from different zones of Bengaluru City to maintain uniformity in Sample distribution.

This structured questionnaire consisted of fifteen questions which assessed the knowledge regarding child abuse and neglect and six questions regarding reporting of child abuse. Information regarding the type of practice and clinical experience was correlated with the level of knowledge and reporting of CAN using Chi-Square test.

The statistical analysis was performed by STATA 11.2 (College Station TX USA), Chi Square and T-Test.

Results: The results of the study indicated that very few dentists (8%) had come across child abuse & neglect cases in their routine practice. However, their knowledge regarding child abuse and reporting of cases was satisfactory with 49% of the subjects having excellent knowledge about CAN.

Conclusion: While dentists at present are not legally mandated in our country to report suspected cases of child abuse, the dentists are in a key position to play an active role in the

identification and reporting of this substantial community problem. An uncertainty in recognizing and reporting child abuse cases expresses the need for continuing education on this issue.

Key Words: Child maltreatment, Craniofacial region, Dental Profession.

Introduction

Every child has the right to good health and a life completely free from violence. Child abuse is a global problem, with a serious impact not only on the victims' physical and mental health, well-being, and development, but also, on society in general. WHO has defined 'Child Abuse' as a violation of basic human rights of a child, which constitutes all forms of physical, emotional ill treatment, sexual harm, neglect or negligent treatment, or other exploitation, which results in actual or potential harm to the child's health, or dignity in the context of relationship of responsibility, trust or power.[1]

Child maltreatment is referred to as child abuse and neglect, that includes physical and emotional abuse, sexual abuse, neglect, and exploitation which results in harm to the child's health, development or dignity. Within this broad definition, it can be distinguished as—physical abuse; sexual abuse; neglect and negligent treatment; emotional abuse; and exploitation. Several countries of the world have well-developed child protection systems, primarily mandatory reporting, identification and investigations of affected children, and often taking strict and coercive action. In these contexts, the problems of child abuse and neglect in India need serious and wider consideration.[2]

Among all health professionals, dentists are in the most favorable position to recognize and report child abuse, since they can observe and assess not only the physical and the psychological condition of the children, but also their family environment. The increased frequency of facial injuries associated with physical abuse places the dentist at the forefront to detect and treat an abused child. Screening for maltreatment should be an important part of any clinical examination performed on a child. Dental professional's role in child abuse and neglect is to know the current state law regarding reporting child abuse and they should abide by the law. Identification, documentation and notification all should be carried out by the dentist. Pediatric dentists can and should provide valuable information and assistance to physicians about oral and dental aspects of child abuse and neglect. Such efforts will strengthen the ability to prevent and detect child abuse

and neglect and enhance care and protection for the children.[3] Very little has been written in the dental literature regarding the role of the Indian dental profession in the recognition and reporting of child abuse. Due to the secretive nature of abuse, the extent of the problem is very difficult to determine since many cases are not reported. Nevertheless, reports gathered from across the country provide a very bleak picture. The need for this research was made clear following the recent incidences in Bengaluru City where in many school going children were abused and reported in the media. The aims of the present study are twofold, to assess the current status of their knowledge and attitudes about child abuse and reporting and to increase their awareness regarding child abuse in order to encourage and report suspected cases of child abuse and neglect.

Materials and Methods

This study sought to identify from a cohort of general Dental Practitioners in Bengaluru, the number of suspected cases of child physical abuse they have come across; actions taken; the reasons for failing to report suspicious cases; knowledge of local child protection protocols; and procedures for referral. A list of private dental practitioners in Bengaluru city was obtained from the dental directory. Total of 1700 private dental practitioners of Bengaluru made up the sampling frame of the study and a sample of 480 dental practioners was selected. Around 50 to 60 dental practioners were randomly selected from different zones of Bengaluru City to maintain uniformity in Sample distribution.

The dental practioners were approached in the clinic after obtaining a prior appointment. The purpose and objective of conducting the survey was explained to the dentist. Dental Practioners who were willing to participate in the study and provided consent were handed over the questionnaire for completion. A few dental practioners requested for more time, and the questionnaires were collected the following day. The survey was carried out for a period of forty five days till the desired sample size was achieved.

The protocol for the research included that the participant complete the questionnaire which comprises of three sections.

Section 1 comprised of socio-demographic characteristics of the study subjects by gathering information regarding age and sex of the participant, type of practice, and clinical experience in years.

Section 2 consists of a 15 item questionnaire which had two choices in the form of true or false. The questions were based on assessing the level of knowledge regarding child abuse and neglect and each question had one correct choice as answer.

Section 3 consists of a 6 subset of questions which assesses the attitude and reporting of child abuse and neglect cases.

The answered questionnaires were checked for completeness and the completed questionnaire were entered in a Microsoft excel sheet for interpretation of data. The Statistical analysis was performed by STATA 11.2 (College Station TX USA). Chi square test was used to measure the association between the gender, type of practice and clinical experience in years with the 6 items of reporting of child abuse and neglect and 15 questions related to knowledge of child abuse and neglect. These results are expressed as frequency and percentage. Demographic variables of age gender were also analyzed. $p<0.05$ was considered as statistically significant.

Results

In this questionnaire survey, 463 completely filled questionnaires were subjected to statistical analysis and it was known that 38 (8%) of the dental practioners have come across child abuse and neglect cases in their routine clinical practice. (Table 1).

The most common type of child abuse cases the 38 dental practioners have come across is physical abuse cases {94%). In this study, 16 dental practioners (42%) out of 38 dental practioners who had come across CAN cases in their practice had a solo type of practice and 14 of them (38%) had Group Practice. (Table 2).

It was also noted that 25 dental practioners (65%) out of the 38 subjects who had come across CAN cases in their clinical practice had clinical experience of more than 10 years. (Table 3)

The Survey showed that 228 subjects (49%) had excellent knowledge regarding CAN and 41% of the dental practioners presented with a good knowledge regarding CAN. (Table 4).

The dentists were assessed regarding their knowledge about reporting of CAN cases and legal formalities and obligations governing the same. 383 (83%) of the subjects reported that they were unaware of the Indian laws and regulations governing the Child Abuse and Neglect cases. (Table 5).

The dentists were asked what the reason for hesitancy could be to report CAN cases if they encounter in their private practice. 292 (63%) of the dental practioners have replied that lack of adequate history and appropriate information will make them hesitant to report CAN cases. (Table 6).

The dental practioners were also asked where they would usually report CAN cases if they happen to come across in their clinical practice. 333 (72%) of the subjects had replied that they would report the CAN cases to the nearby police station in case if they come across any CAN cases. (Table 7).

Table 1. Number and percentage distribution of dental Practioners who have come across CAN cases in their clinical practice

	Number of Cases	Percentage
Yes	38	8%
No	425	92%
Total	463	

Table 2. Number and percentage distribution showing correlation of dental practioners who have come across CAN cases in their clinical practice and their type of practice.

Type of Practice	Yes	No	Total	p-value <0.001
Solo practice	16 (42%)	220 (52%)	236	
Group practice	14 (38%)	33 (8%)	47	
Solo with visiting specialists	06 (15%)	167 (39%)	173	
Corporate practice	02 (5%)	0	2	
Total	38	425	463	

Table 3. Number and percentage distribution showing correlation of dental practioners who have come across CAN cases in their clinical practice with their years of clinical practice.

Years of clinical experience	Yes	No	Total	
< 2 years	0	94(22%)	94	
2 years to 5 years	4(12%)	81 (19%)	85	
6 years to 10 years	9(23%)	136 (33%)	145	**P-value <0.001**
Above 10 years	25 (65%)	114 (26%)	139	
Total	38	425	463	

Table 4. Number and percentage distribution showing the level of knowledge regarding CAN among dental practioners.

Knowledge level Likert scale	Number of Dentists	Percentage
Poor	38	8%

Average	6	1%
Good	191	41%
Excellent	228	49%
Total	463	

Table5.Number and percentage distribution of dental Practioners who were aware of Indian Laws pertaining to CAN

	<2Years	2-5 Years	5-10 Years	>10 Years	Total	p-value
Yes	17 (18%)	15(18%)	22 (15%)	26	80(17%)	0.873
No	77 (82%)	70(82%)	123(85%)	113	383 (83%)	
Total	94	85	145	139	463	

Table6.Number and percentage distribution of dental Practioners showing hesitancy to report CAN Cases

	<2 years	2-5 Years	5-10 Years	>10Years	Total	P value
Lack of adequate history and information	61	61	92	78	292(63%)	0.808
Fear of Legal Issues	33	24	52	59	168(36%)	
Concern about effect on practice	0	0	1	2	3(1%)	
Total	94	85	145	138	463	

Table7.Number and percentage distribution of dental Practioners showing reporting of CAN cases

	Nearby police station	Child welfare Centre/NGO	Don't know	Total	p-value
Solo practice	173 (73%)	62(26%)	1(1%)	236	<0.001
Group Practice	30(64%)	13(28%)	4(9%)	47	
Solo practice with visiting specialties	129(75%)	4(2%)	40(23%)	173	
Corporate practice	1(14%)	4(57%)	2(29%)	6	
Total	333	83	47	463	

DISCUSSION

It was observed in our study that only 8% of the subjects had come across CAN cases in their practice. Majority of them (66%) had a clinical experience of more than 10 years which was in accordance to the study conducted in India by Ashtekar et al which highlights that very rarely an abused child is brought to the Dental Clinics fearing interrogation and humiliation for Parents/ care givers and this may also contribute to the limited recognition of CAN cases by Dentists[4].

49% of the subjects had excellent knowledge level and 41% of them had good knowledge regarding CAN. This may be explained by the fact that Dental Practioners are aware of the literature regarding CAN as well as these topics might have been studied in the Dental Curriculum.

383 (83%) Dental Practioners were not aware of the Indian laws pertaining to CAN which emphasizes that lack of continuing education programs and workshops enlightening the issues of CAN and Legal Issues governing CAN adds to the less awareness of CAN amongst most Dental Practioners. 63% of the Dental Practioners have replied that lack of adequate history to be the reason for hesitancy to report and hence dentists need to be better informed about how to recognize and gather information to explain children's physical wounds or emotional behaviors.[5]

333 (75 %) subjects said that the nearby police station is the place to report suspected cases of CAN. Dentists would like to report CAN cases to the nearby Police station and not any NGO may be due to lack of immediate communication which exists between Dental Practioners and Social Workers.[6]

CONCLUSION

Child Abuse and Neglect is a serious global issue affecting all strata of the society. Dentists are in strategic position to recognize signs and symptoms of abuse and are also legally mandated in our country to report such issues[7]. There should be good record keeping in clinics, training in clinical settings, communication with protection agencies is necessary to create awareness and stop child abuse. The purpose of the study was to establish that child abuse exists and also to provide the information base that will help the health care professionals to recognize and report such incidents and also to help government to formulate schemes and interventions to deal with the problem.

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