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ORIGINAL ARTICLE

Knowledge, attitudes, and experience of dentists living in Saudi Arabia toward child abuse and neglect

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Abstract *Aim:* To analyze the experience and knowledge of dental practitioners in Saudi Arabia regarding the identification of child abuse and neglect (CAN), to identify barriers that prevent the reporting of suspected cases of child maltreatment by dental practitioners, and to assess the need for training dentists in child protection.

Methods: A self-administered, web-based questionnaire was emailed to all of the members of the Saudi Dental Society (n = 7352) in 2012.

Results: The respondents (n = 122) demonstrated good knowledge of the forms and indicators of CAN. Moreover, a large proportion (59%) had experienced a case of child abuse or neglect in their practice over the previous five years. However, only about 10% of these respondents made a report. Fear of family reprisal, lack of certainty about the diagnosis of child maltreatment, and uncertainty about case management were critical barriers to the reporting of the suspected child maltreatment. In addition, only 20.9% of the respondents reported having knowledge of a child protection policy in their workplace.

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Conclusions: Based on the results of this survey, it appears that the level of knowledge among the respondents regarding the forms and indicators of CAN is good. However, a large proportion of respondents did not take action regarding suspected cases of CAN in their practice over the past five years. Therefore, additional resources and training are needed to support the identification and management of cases of child maltreatment by dental practitioners.

1. Introduction

Child abuse and neglect (CAN) are significant problems worldwide. In particular, a substantial increase in the report of cases of CAN has occurred in Saudi Arabia, with 616 CAN cases registered in 2011 (The National Safety Program Annual Report, 2011). This is in comparison with 80 registered cases in 2010, 73 cases registered in 2009, and 65 cases registered in 2008 (The National Safety Program Annual Report, 2010). Although these numbers only represent hospital-based reported cases of CAN, these statistics do reflect an increased awareness among physicians regarding CAN cases. Furthermore, there is a legal obligation for health care providers in Saudi Arabia to report suspected cases of CAN.

CAN has been defined by the World Health Organization as, ''Every kind of physical, sexual, emotional abuse, neglect or negligent treatment, commercial or other exploitation resulting in actual or potential harm to the child's health, survival, development or dignity in the context of a relationship of responsibility, trust or power'' (World Health Organization, 1999). Thus, this definition includes both considerations of action (physical, emotional, or sexual abuse) and omission (neglect). The potential for irreversible damage to a child developmentally, mentally, and/or physically, depends on both the extent of the abuse and the age of the child.

Based on the regular contact that dental practitioners have with children and their families, these health professionals are in a favorable position to observe abnormal child–parent behavior, and to identify and report suspected cases of CAN (Jessee, 1999). It is also possible to diagnose child dental neglect, as well as neglect in general, upon dental examination. In 1992, Da Fonseca et al. reported that ''abusive caretakers rarely take the child to the same physician, but they are not cautious about dentists''. This observation further supports the importance of dental evaluations and the awareness of dental practitioners regarding CAN.

It has been reported that the physical abuse of children manifests in the oro-facial region in 50–77% of abuse cases (Hibbard and Sanders, 2004), and this is an area that dentists routinely assess. However, despite the opportunities to detect child maltreatment, dentists are reluctant to report CAN due to lack of certainty about the diagnosis of abuse, lack of knowledge about the referral procedures for cases of CAN, fear of negative effects on the child or the child's family, and concerns about confidentiality (Al-Habsi et al., 2009; Cairns et al., 2005; Harris et al., 2009a,b; John et al., 1999; Manea et al., 2007; Owais et al., 2009; Welbury et al., 2003; Uldum et al., 2010). Similar results have been published for dentists in Jordan (Sonbol et al., 2011; Owais et al., 2009). However, to our knowledge, there are no published data available regarding dentists' perception of their role in detecting and reporting suspected cases of CAN in Saudi Arabia, nor are there any studies published on the knowledge of dentists in Saudi Arabia regarding the signs, symptoms, and risk factors of CAN.

Therefore, the purpose of this study was to analyze the experience and knowledge reported by dental practitioners in Saudi Arabia regarding the identification of CAN, to identify dental practitioners' attitudes toward reporting CAN, to identify the barriers that prevent the reporting of suspected cases of child maltreatment, and to assess the need for additional training in child protection.

2. Materials and methods

This study was conducted at King's College London. Therefore, ethical approval was obtained for this study from the Biomedical Sciences, Dentistry, Medicine, and Natural & Mathematical Sciences Research Ethics Subcommittee (BDM) of King's College London Research Ethics Committee.

A web-based questionnaire was distributed via email to all dentists registered with the Saudi Dental Society in February 2012. A cover letter, a link to the survey platform (SurveyMonkey©), and an information sheet were enclosed in the email which stated that responses would be anonymous and confidential. Participants were given six weeks to complete the survey. To maximize response rates, two reminder emails were sent two weeks and four weeks after the initial distribution of the questionnaire. The reminders were sent to all of the members of the Saudi Dental Society and they included a link to the survey as suggested by Dillman (2007) and Edwards et al. (2007). General dentists and dental practitioners from all specialties were included in this study. However, dentists with less than one year of experience were excluded. While the intent was to maximize the representativeness of the sample, the results analyzed are only those from the dentists that responded. Moreover, there are no published data on the demographic characteristics of dental practitioners in Saudi Arabia to compare the current data.

2.1. The questionnaire

The questionnaire was written in the English language based on previous similar studies (Ramos-Gomez et al., 1998; John et al., 1999; Kilpatrick et al., 1999; Cairns et al., 2005; Thomas et al., 2006; Al-Habsi et al., 2009; Chadwick et al., 2009; Harris et al., 2009a,b). The questionnaire was reviewed by two psychologists with knowledge of this field. The content validity of the questionnaire was tested by conducting a pilot survey of postgraduate students studying at the Dental Institute, King's College London (n = 30). Unfortunately, it was not practically possible to conduct the pilot study with the target population, since the researchers were located in the United Kingdom. However, the pilot sample did include students of