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Original Article

Child abuse: Cross-sectional survey of general dentists

Harsimran Kaur [a,*], Seema Chaudhary [b], Nidhi Choudhary [c], Naveen Manuja [d], T.R. Chaitra [a], Sinha Ashish Amit [a]

[a] Reader, Department of Pedodontics and Preventive Dentistry Kothiwal Dental College and Research Centre Moradabad 244001, Uttar Pradesh, India

[b] Professor and Head, Department of Pedodontics and Preventive Dentistry Kothiwal Dental College and Research Centre Moradabad 244001, Uttar Pradesh, India

[c] Post-Graduate Student, Department of Pedodontics and Preventive Dentistry Kothiwal Dental College and Research Centre Moradabad 244001, Uttar Pradesh, India

[d] Professor, Department of Pedodontics and Preventive Dentistry Kothiwal Dental College and Research Centre Moradabad 244001, Uttar Pradesh, India

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ABSTRACT

Background: Child abuse continues to be a social menace causing both physical and emotional trauma to benevolent children. Census has shown that nearly 50–75% of child abuse include trauma to mouth, face, and head. Thus, dental professionals are in strategic position to identify physical and emotional manifestations of abuse.

Aim: A cross-sectional survey was undertaken to assess knowledge and attitude of dental practitioners regarding child abuse and to identify the barriers in reporting the same.

Methods: With prior consent, a 20-question survey including both multiple choice and dichotomous (Yes/No) questions was mailed to 120 state-registered general dentists, and the data collected were subjected to statistical analysis.

Results: Overall response rate to the questionnaires was 97%. Lack of knowledge about dentist's role in reporting child abuse accounted to 55% in the reasons for hesitancy to report. Pearson chi-square test did not show any significant difference between male and female regarding reason for hesitancy to report and legal obligation of dentists.

Conclusion: Although respondent dentists were aware of the diagnosis of child abuse, they were hesitant and unaware of the appropriate authority to report. Increased instruction in the areas of recognition and reporting of child abuse and neglect should be emphasized.

* Corresponding author.
E-mail address: drsim2006@yahoo.co.in (H. Kaur).

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1. Introduction

Child abuse was practiced in the form of infanticide among Greeks and Romans, but was thoroughly masqueraded in archival societies. It was uncovered in 1962, with the conception of the term ''battered child syndrome'' by Kempe et al. to describe children presenting with numerous unexplained injuries.[1] It is arduous to get exact stats of such vignettes, as it is a secretive behavior, and each territory compiles its own figures based on local definitions. Nevertheless, reporting levels do not mirror incidence levels.[2]

To aid in diagnosing and reporting of child abuse, below mentioned are some accepted definitions of the same:

- Child maltreatment, sometimes referred to as child abuse and neglect (CAN), includes all forms of physical and emotional ill-treatment, sexual abuse, neglect, and exploitation that result in actual or potential harm to a child's health, development, or dignity.[3]
- World Health Organization has defined child abuse 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).[4]

Most cases of child maltreatment fall into the 3 basic categories: (1) neglect; (2) physical abuse; and (3) sexual abuse.[5] The blemishing long-term effects of child abuse predispose victims to become violent adult offenders and facing adaptation problems in school and society.[2]

Interventional strategies targeted at resolving this problem face complex challenges.[6] Many surveys have shown that 50–77% of the abuse cases involve head and neck region, thus placing oral health care workers in a strategic position to detect, diagnose, document, and report to appropriate authorities.[2] Due to the incorporation of this subject into the curricula of undergraduate dental education of dental schools, there has been a recent rise in the awareness of dental health professionals regarding the same.[7–9] Despite this training, it is found that abuse is still being under-reported by health care professionals, including the dental community.[10] The first documented evidence of dentists failing to report child maltreatment was reported by the American Dental Association in 1967, stating that among 416 reported cases of child abuse in New York State, none was reported by a dentist. Lack of knowledge of dentists in this area was documented as the reason for under reporting.[11,12] Although this subject is vital, most of the professionals still ignore the correct attitude toward suspicious cases of abuse.

Thus, the undermentioned study was stipulated to analyze the level of knowledge and attitudes among dental practitioners regarding child abuse, to identify barriers that prevent the reporting of suspected cases, and to assess the need for associated training.

2. Methodology

After obtaining approval from the Ethical Committee of the institute, this study was conducted at Kothiwal Dental College and Research Centre, Moradabad, India.

Only general dental practitioners with active state dental licensure were included in this study. However, dentists without state licensure were excluded. While the intent was to maximize the representativeness of the sample, the results analyzed were only those from the dentists who responded. Prior to distribution of questionnaire, written consent was obtained stating that responses would be kept anonymous and confidential. A 20-question survey was distributed to 120 General dentists of Moradabad city. The questionnaire consisted of multiple-choice as well as dichotomous yes-no questions. No identification was requested for either the name or location of those completing the survey.

First part of the questionnaire consisted of questions on the demographics of the responding practitioners.

The Second section consisted of questions to assess the practitioner's knowledge regarding detection of such cases, risk factors for child abuse, manifestations and indicators of physical abuse, the history of suspected child abuse cases from their practice, change in behavior of such vignettes, and awareness of laws. The third section included questions regarding the attitude of practitioners' toward reporting of suspected cases of CAN. Fourth section pertained to barriers in reporting of such vignettes and need for training in the same issue. Data received were decoded, tabulated, and recorded in an Excel database, and analyzed using the Statistical Package for Social Sciences (IBM SPSS) version 18 software.

3. Results

Questionnaire responses were tabulated, and percent frequency distributions for responses to each item were computed. Pearson chi-square test and Fisher's exact test were used to analyze two categorical or nominal variables. The level of significance was set at 0.05. There were 1914 responses to the questionnaire, yielding a response rate of 96.7%.

Demographics of the practitioner revealed that out of respondent general dentists, 47% were male, 52% identified themselves as females. Nearly 42.2% ($N = 46$) of the dentists were practicing in a city or suburban area and 55% of the respondents were associated with an institution (Table 1).

3.1. *Knowledge/experience*

Questions pertaining to knowledge of dentists showed that nearly 89.7% of them were able to distinguish between accidental injury and physical abuse (Table 1). 68.2% were aware of any law to prevent child abuse (Table 1). Low SES (77.1%) was recognized as major group facing the same with larger percentage of infliction among female children (69.5%) (Graph 1).

Face was identified as the most common (68.9%) and neck and legs as least common (1%) body parts, and with burns