



Research article

Knowledge, attitudes, and behaviors of dentists regarding child physical abuse in Jeddah, Saudi Arabia



Meaad Mogaddam^{a,*}, Iman Kamal^{a,b}, Leena Merdad^c, Najlaa Alamoudi^c

^a Faculty of Medicine, King Abdulaziz University, Saudi Arabia

^b Faculty of Medicine, AlAzhar University, Egypt

^c Faculty of Dentistry, King Abdulaziz University, Saudi Arabia

ARTICLE INFO

Article history:

Received 17 October 2015

Received in revised form 29 January 2016

Accepted 29 February 2016

Available online 15 March 2016

Keywords:

Child

Physical abuse

Violence against children

Dentists

Saudi Arabia

ABSTRACT

A large proportion of child physical abuse cases go undocumented and unreported. Dentists can play an important role in identifying and reporting these cases, but little has been reported about this issue in Saudi Arabia. The aims of the study were to (1) assess dentists' knowledge of child physical abuse, (2) assess dentists' attitudes towards child physical abuse, and (3) assess the behaviors of dentists in identifying and reporting child physical abuse. A cross-sectional survey of pediatric dentists, pediatric dentistry residents, and dental interns practicing at all of the dental schools in Jeddah, Saudi Arabia was conducted using an anonymous, self-administered questionnaire. The participants in current study demonstrated insufficient knowledge of the signs and symptoms of child physical abuse, actions that should be taken in suspected cases, circumstances in which to report such cases, and the legal authorities to which they should be reported. The attitudes of participants towards detecting and reporting cases were generally positive. Only 11% of the participants had suspected a case of child abuse, and only 3% of them reported it. Lack of knowledge about referral procedures and fear of anger from family members were the main causes of underreporting. In conclusion, this study showed that dentists have insufficient knowledge about child physical abuse but positive attitudes towards their role in detecting and reporting it. This topic should be covered and emphasized in dental schools' curricula, and healthcare and academic institutes must have a clear protocol to be followed if a case of abuse is suspected.

© 2016 The Authors. Published by Elsevier Ltd. This is an open access article under the CC BY license (<http://creativecommons.org/licenses/by/4.0/>).

1. Introduction

The Centers for Disease Control and Prevention (CDC) define physical abuse against children as “the intentional use of physical force against a child that results in, or has the potential to result in, physical injury” (Leeb, Paulozzi, Melanson, Simon, & Arias, 2008). Child physical abuse has many physical, psychological, social, and economic consequences for children, societies, and countries (World Health Organization, 2002; World Health Organization, 2014; UNICEF). The World Health Organization (WHO) estimated that 23% of children worldwide were physically abused in 2014 (World Health Organization, 2014). In the USA, the Fourth National Incidence Study of Child Abuse and Neglect (NIS-4) concluded that 58% of American children are exposed to physical abuse at some point in their lives (Sedlak, Mettenberg, & Basena, 2010). In Saudi Arabia, the

* Corresponding author at: Faculty of Dentistry, King Abdulaziz University, P.O. Box 108942, Jeddah 21351, Saudi Arabia. Tel.: +966 0126728541; mobile: +966 506683442.

E-mail address: dr.mogaddam@live.com (M. Mogaddam).

2010 and 2012 annual reports of the Hospital-Based Child Maltreatment Registry indicated that 60% and 35.8%, respectively, of reported maltreatment cases involved physical abuse (National Family Safety Registry, 2010, 2012).

Unfortunately, a large proportion of child physical abuse cases go undocumented and unreported (Butchart & Harvey, 2006; Sonbol et al., 2012; UNICEF, 2009). This, in addition to the high prevalence of physical abuse against children and the incompleteness of official statistics that rely on complaints reported by social services, the police, and hospitals, has led countries to increasingly rely on reports from the education and health care sectors (UNICEF, 2009). In the USA, all workers who are in direct contact with children such as teachers, social workers, and health care providers are obligated to report any suspected abuse cases to the responsible child protection authority in their states, such as child protective services or a state's child abuse reporting hotline (Children's Bureau: Child Welfare Information Gateway, 2013). The European Union also mandated that workers who are in close contact with children must report suspected abuse cases to the responsible legal authorities in their countries (child protection agencies or police). In addition, more than half of these countries allow civilians to report such cases to the authorities, but without any legal obligation (European Union Agency for Fundamental Rights – report 1, 2015; European Union Agency for Fundamental Rights – report 2, 2015). In Jordan, only healthcare workers are obligated to report suspected abuse cases to the police or national child abuse hotline (Owais, Qudeimat, & Qodceih, 2009). In Saudi Arabia, in 2009, the Ministry of Social Affairs mandated that the education and healthcare sectors must report suspected child abuse cases to the police, which is the certified agency to receive and manage these reports. The police refer suspected abuse cases to a specialized committee that consists of multispecialty experts, including a pediatrician, a pediatric surgeon, a pediatric dentist, a psychiatrist, and a social worker, who will collectively investigate the case (Almuneef et al., 2012; Ministry of Social Affairs, 2013).

Dentists can play an important role in identifying and reporting child physical abuse cases. In fact, they may be the first personnel to notice physical abuse cases, as the most common symptoms are located within the regions that they routinely examine (UNICEF, 2009). Several studies have concluded that the most common regions of physical abuse are the face, head, neck, and mouth area (Cairns, Mok, & Welbury, 2005; Cléa, Ana Paula, Tânia, & Artênio, 2012; Da Fonseca, Feigal, & ten Bensel, 1992; Hibbard & Sanders, 2011; Newton, 2008). In Saudi Arabia, the few published reports on child abuse have corroborated global findings. For example, the Saudi Hospital-Based Child Maltreatment Registry found that the most common type of injury caused by physical child abuse is head trauma (National Family Safety Registry, 2012).

Because dentists are in a position that allows them to identify and report abuse cases, their knowledge and attitudes are essential factors in fulfilling their obligations (Hibbard & Sanders, 2011). Several studies have investigated the knowledge of and attitudes towards child physical abuse among dentists worldwide using self-administered questionnaires with narrative questions (Al-Dabaan, Newton, & Asimakopoulou, 2014; Azevedo et al., 2012; Harris, Welbury, & Cairns, 2013; Hashim & Al-Ani, 2013; Jordan, Welbury, Tilijak, & Cukovic-Bagic, 2012; Laud, Gizani, Maragkou, Welbury, & Papagiannoulis, 2013; Manea et al., 2007; Owais et al., 2009; Sonbol et al., 2012; Thomas, Straffon, & Inglehart, 2002; Thomas, Straffon, Inglehart, & Habil, 2006). Thomas et al. (2006) reported that dentists practicing at the University of Michigan (USA) had good knowledge about the circumstances in which abuse cases should be reported, but they had insufficient knowledge of the legal authorities to which such cases should be reported. Azevedo et al. (2012) reported that most dentists in southern Brazil were able to detect physical abuse cases; however, 76% of the cases were never reported. Furthermore, they concluded that dentists practicing in the academic domain were more likely to suspect and diagnose cases of abuse than those practicing in the private domain (Azevedo et al., 2012). A study of dentists in Jordan reported that, although 97% of the participants were able to identify child physical abuse, the majority stated that it was challenging to diagnose such cases and that their knowledge regarding the legal authority to which to report them was insufficient (Owais et al., 2009). When the participants' attitudes regarding their ability to detect the abuse cases were assessed, the majority of the participants claimed that they were able to diagnose cases of physical abuse, but 17% declared that they would not report abuse cases (Owais et al., 2009). A study in the United Arab Emirates (UAE) found that dental students' knowledge regarding child abuse was insufficient, although the majority of the students believed that it was their duty to report such cases (Hashim & Al-Ani, 2013). Al-Dabaan et al. (2014) used a web-based questionnaire distributed to all Saudi Dental Society (SDS) members to explore dentists' knowledge, attitudes, and behaviors regarding child abuse and neglect. The study observed good knowledge of the identification of different types of abuse and insufficient knowledge of the signs and symptoms of abuse (Al-Dabaan et al., 2014). Moreover, approximately 48% of the dentists stated that they were capable of diagnosing abuse cases, and 21% stated that they were capable of reporting such cases (Al-Dabaan et al., 2014).

To the best of our knowledge, few studies have been conducted in Saudi Arabia to investigate the recognition and reporting of child abuse by dentists. In 2014, Al Dabaan et al. performed research using a web-based questionnaire, but the low response rate (1.67%), limits the generalizability of the study's results. The aims of this study were to (1) assess dentists' knowledge of child physical abuse, (2) assess the attitudes of dentists towards child physical abuse, and (3) assess the behaviors of dentists in terms of identifying and reporting child physical abuse.

2. Materials and methods

2.1. Study design and participants

This descriptive cross sectional study was conducted in Jeddah, Saudi Arabia between September 2014 and May 2015. Jeddah is the second largest city in Saudi Arabia, housing over three millions people reside (Jeddah Municipality, 2016). The

Download English Version:

<https://daneshyari.com/en/article/6832333>

Download Persian Version:

<https://daneshyari.com/article/6832333>

[Daneshyari.com](https://daneshyari.com)