

Knowledge, Attitude and Experience Regarding Child Abuse and Neglect among Dentists of Nepal

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ABSTRACT

Introduction: Every child has the right to health and life free from violence. However, each year millions of children around the world are victims of and witnesses to physical, sexual, and emotional violence. Dentists may be the first person to identify and report child abuse cases, as most common symptoms are located within the orofacial regions that they routinely examine.

Objective: To evaluate the dentists' knowledge, attitude, and experience regarding signs and symptoms of child abuse and neglect, reporting procedure and level of education.

Materials and Method: This descriptive cross-sectional study was conducted from November 2018 to May 2019 among 206 dentists of Nepal using a self-administered questionnaire. The dentists were selected using convenience sampling method. Data was collected and entered in Microsoft Excel sheet and analysis was done in Statistical Package for the Social Sciences (SPSS) version 20.

Result: The participants showed insufficient knowledge of the signs and symptoms of child abuse and neglect. The attitudes of participants towards detecting and reporting cases were generally positive. Only 20 (9.71%) participants had suspected cases of child abuse in their clinics. Out of them, 30 were diagnosed as cases of child abuse and neglect but only seven were reported. Lack of knowledge about referral procedures and uncertainty about diagnosis of the case as child abuse were the main causes of underreporting.

Conclusion: This study showed that dentists have insufficient knowledge about child abuse and neglect but had positive attitudes towards their role in detecting and reporting it.

Keywords: Attitude; child abuse; dentist; violence.

INTRODUCTION

Child abuse and neglect 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 real or possible harm to the child's health, survival, development or dignity in the context of a relationship of responsibility, trust

or power."¹ Child abuse and neglect often results in multiple tragedies involving the physical, cognitive or emotional impairment of a child that may extend into adulthood.² Globally, it is estimated that up to one billion children aged 2-17 years, have experienced physical, sexual, or emotional violence or neglect.³ A study done in Nepal showed that every second child is physically punished.⁴

Dentist may be the first person to identify and report physical abuse cases as it has been reported that orofacial trauma, located within the regions that they routinely examine, is present in approximately 50 to 75 percent of all reported cases of physical child abuse.⁵⁻⁷ Thus, the study was conducted with an aim to evaluate the dentists' knowledge, attitude, and experience regarding signs and symptoms of child abuse and neglect, reporting procedure and level of education.

MATERIALS AND METHOD

This descriptive cross-sectional study was conducted among 206 dentists working in different dental hospitals and dental clinics of Nepal from November 2018 to May 2019. Ethical clearance was obtained from the Institutional Review Committee of Kathmandu Medical College and Teaching Hospital, Kathmandu, Nepal (Reference number: 080820112) and written informed consent was received from each participant. The dentists for the study purpose who met the eligibility criteria were selected by convenience sampling method. The inclusion criteria for the study were dentists practicing in Nepal and the one who fully filled the questionnaires. Non-Nepalese dentists and dentists not registered in Nepal Medical Council were excluded for the study.

The sample size was calculated using data of similar study done by Kaur et al.⁸ The sample size calculated was 206 using a formula $n=4pq/e^2$ where n = sample size p = prevalence = 68.2% (percentage of dentists having knowledge about child abuse),⁸ $q = 100-p$, e = margin of error, placing e as 10% of p . A self-administered questionnaire consisting of multiple-choice as well as dichotomous yes-no questions were distributed

to 206 dentists after informing them about the aims and objectives of the study. The first part of the questionnaire consisted of questions on the demographics of the responding dentists. The second section consisted of questions assessing the knowledge regarding signs and symptoms of child abuse and neglect and awareness of laws. The third section included questions regarding the attitude of dentists toward detecting and reporting suspected cases of child abuse and neglect. The fourth section included the questions regarding the experience of the dentist with child abuse and neglect and barriers in reporting such cases.

Pre-testing of the questionnaire was done among 10% of the sample prior to start the study. Those involved in pre-testing were not included in the final sample. Face and content validity of the questionnaire were checked. The filled questionnaire form was collected for analysis. Data were entered in Microsoft Excel sheet and statistical analysis was done in IBM SPSS Statistics for Windows, version 20 (IBM Corp., Armonk, N.Y., USA). Proportion and percentage were calculated in this study.

RESULT

Out of 206 participants, 77 (37.38%) were male and 129 (62.62%) were female. Only 31 (15%) of them had received formal training about child abuse and neglect (Table 1).

When asked about the signs of child physical abuse, 192 (93.20%), 164 (79.61%), 163 (79.15%), 117 (56.79%), 114 (55.34%) of the participants agreed that skin bruises, broken teeth (without reasonable cause), burn marks, head trauma and children with careless parents, respectively were the signs of child physical abuse. When asked about the first action a

Table 1: Demographic and background characteristics of the dentists.

| Variables | | Frequency (Percentage) |
|-----------------------------|-------------------|------------------------|
| Gender | Male | 77 (37.38) |
| | Female | 129 (62.62) |
| Type of Practice | Government | 60 (29.13) |
| | Private | 146 (70.87) |
| Level of Dental Training | Bachelor's degree | 162 (78.64) |
| | Higher degree | 44 (21.36) |
| Formal Child Abuse Training | Yes | 31 (15.05) |
| | No | 175 (84.95) |

Table 2: Dentists' knowledge about the social indicators of child physical abuse.

| Issues | True n (%) | False n (%) |
|---|--------------|--------------|
| Physically abused children will usually tell someone soon after the abuse. | 13 (6.31) | 193 (93.69)* |
| Physical abuse is primarily associated with the stresses of poverty and rarely occurs amongst middle-or high-income earners. | 65 (31.55) | 141 (68.45)* |
| The abuser in most abuse cases is someone the child knows well from his/her surrounding environment. | 198 (96.12)* | 8 (3.88) |
| The best way to deal with suspected cases of childhood physical abuse is to confront the parents and accuse them directly of the abuse. | 59 (28.64) | 147 (71.36)* |

*Correct answer

dentist should take after suspecting a case of child abuse and neglect, 160 (77.67%) agreed to ask the child and parents about the signs and symptoms noticed by the dentist, 141 (68.45%) agreed to document the signs and symptoms and their suspicion on the child's file, 135 (65.53%) agreed to monitor the case during the following visits, 134 (65.04%) agreed to report to legal authority, 131 (63.59%) agreed to check the consistency of parents and/or child explanation with the clinical findings. In response to the question regarding the legal authority to which the child abuse and neglect cases should be reported, 24 (11.65%) of the participants answered, "I don't know". Undergraduate study was the main source of knowledge about child abuse and neglect followed by continuous education/special courses for 16 (7.76%), from online sources for 12 (5.82%) and from the postgraduate study for 6 (2.91%). The circumstances in which the dentists thought that they should report a case of child abuse and neglect to authorities were as follows: if the abuse was repetitive 93 (45.15%), in severe cases of physical abuse 68 (33%), in all circumstances even if the abuse was only suspected 61 (29.61%).

The majority of the participants (193, 93.69%) agreed that children who have been physically abused will not tell someone soon after the abuse. Most of them, (141, 68.45%) didn't agree that physical abuse is primarily associated with the stresses of poverty and rarely occurs amongst middle or high-income earners. The majority of the participants (198, 96.12%) agreed that the abuser in most abuse cases is someone the child knows well from his/her surrounding environment. More than half of the study participants (147, 71.36%) didn't agree that the best way to deal with suspected

cases of childhood physical abuse is to confront the parents and accuse them directly of the abuse (Table 2).

All the participants agreed with the general importance as well as the importance of their roles in detecting and reporting cases of child physical abuse. The majority of the participants (180, 87.37%) believed that they would be able to detect cases of child physical abuse if they encountered them. Among them, (199, 96.60%) agreed that providing child physical abuse training in the workplace is important. Most of them (125, 60.68%) disagreed with the statement "The amount of materials presented about the topic of physical child abuse at your dental school is sufficient". Lack of knowledge about referral procedures was the main cause of the underreporting of abuse cases (138, 66.99%), followed by uncertainty about the diagnosis of the case as child abuse (122, 59.22%), fear of anger from family and parents (116, 56.31%), possible harmful effect on the child from the family (98, 47.57%) and lack of adequate history about the abuse case (95, 46.11%), (Table 3 and 4).

Twenty participants (9.71%) had suspected 63 cases of child abuse in their clinics. Among all, 30 of them were diagnosed as the case of child abuse and neglect but only seven were reported. When asked about the actions after suspecting the case of physical abuse, 18 (90%) of them asked the child and/or parents, 12 (60%) of them documented the signs/symptoms in child's file, 12 (60%) of them monitored the case during the following visits, 11 (55%) of them checked the consistency of parents and/or child explanation with the clinical findings, 7 (35%) reported the cases to legal authorities

Table 3: Distribution of dentists' attitudes towards child physical abuse.

| Issues | Agree n (%) | Neutral n (%) | Disagree n (%) |
|--|-------------|---------------|----------------|
| Detecting and reporting childhood physical abuse is important. | 206 (100) | - | - |
| Dentists have an important role in detecting and reporting child physical abuse cases against children. | 195 (94.66) | 11 (5.34) | - |
| As a dentist, you are able to detect child physical abuse cases. | 180 (87.37) | 25 (12.14) | 1 (0.49) |
| Documenting the signs/symptoms of abuse in the patient file is important. | 196 (95.14) | 7 (3.40) | 3 (1.46) |
| Asking the child about injuries he/she had is important. | 196 (95.14) | 10 (4.86) | - |
| Reporting physical abuse cases to a legal authority is important. | 199 (96.60) | 6 (2.91) | 1 (0.49) |
| The amount of materials presented about the topic of physical child abuse at your dental school is sufficient. | 36 (17.48) | 45 (21.84) | 125 (60.68) |
| Providing child physical abuse training in the work place is important. | 198 (96.11) | 5 (2.42) | 3 (1.45) |

Table 4: Distribution of the dentists' opinions of the main causes of underreporting of child physical abuse cases.

| Main cause of under-reporting of child physical abuse case | n (%) |
|--|-------------|
| Lack of knowledge about referral procedures | 138 (66.99) |
| Uncertainty about the diagnosis of the case as child abuse | 122 (59.22) |
| Fear of anger from family and parents | 116 (56.31) |
| Possible harmful effect on the child from the family | 98 (47.57) |
| Lack of adequate history about the abuse case | 95 (46.11) |

and 1 (5%) of them did not do anything because of uncertainty about the diagnosis of the case as child abuse. In terms of institutional behaviour, 98 (47.57%) of the participants reported that they did not know if their workplaces provided procedures followed in case a child is suspected to be abused and 72 (34.95%) of them reported that their workplaces did not provide them whereas 36 (17.48%) provided them with procedures to be followed in cases of suspected child abuse.

DISCUSSION

In regard to knowledge on child abuse and neglect, half of the participants in the present study correctly identified the signs and symptoms of it. The findings of the present study indicated a problem of lack of knowledge in many areas related to signs and symptoms of child abuse and neglect, and it has been reported in similar studies in other parts of the world.^{5,6,9,10}

When asked about the first action a dentist should take

after suspecting a case of child abuse and neglect, majority (77.67%) agreed to ask the child and parents about the signs and symptoms noticed by the dentist, followed by documenting the signs and symptoms and their suspicion on the child's file, monitor the case during the following visits, report to legal authority, check the consistency of parents and/or child explanation with the clinical findings. These findings were similar to previous studies.^{6,11,12} Many participants (11.65%) didn't know to which legal authority child abuse and neglect cases should be reported. This finding is lower than the previous study done by Mogaddam et al. where almost 37% were unaware about the situation.⁶ A similar study done by Kaur et al. revealed that majority of dentists were unaware of the appropriate agency to report the child abuse and neglect cases and there is presence of communication gap between social welfare agencies and health care workers.⁸ The circumstances in which the dentists thought that they should report a case of child abuse and neglect to authorities, majority (45.15%) replied if the abuse was repetitive. This finding is similar to the finding of Mogaddam et al.⁶

and is in contrast with the findings of Malpani et al. in which majority agreed to report in all circumstances even if abuse is suspected.¹² Most of the participants (78.64%) stated that their main source of knowledge about child abuse and neglect was their undergraduate studies. This finding is similar to previous studies done by Mogaddam et al.⁶ and Sonbol et al.¹³

In context to dentists' knowledge about social indicators of child abuse and neglect, majority of the participants chose the correct answer for each statement. Also, most participants (93.69%) agreed that children who have been physically abused will not tell someone soon after the abuse which is higher than the previous studies done by Deshpande et al. (69.23%)¹⁰ and Mogaddam et al. (78%).⁶ Majority of the participants (68.45%) didn't agree that physical abuse is primarily associated with the stresses of poverty and rarely occurs amongst middle-or high-income earners which is similar to other studies by Mogaddam et al. (69%)⁶ and higher than the previous studies by Deshpande et al. (16.15%)⁷ and Markovic et al. (7%).⁵ Of all, 96.11% of the participants agreed that the abuser in most abuse cases is someone the child knows well from his/her surrounding environment which is higher than previous studies by Mogaddam et al. (83%)⁶ and Deshpande et al. (82.31%)¹⁰ and Sonbol et al. (71%).¹³

Almost 71.35% of the participants didn't agree that the best way to deal with suspected cases of childhood physical abuse is to confront the parents and accuse them directly of the abuse which is higher than the previous studies by Mogaddam et al. (65%),⁶ Deshpande et al. (60%)¹⁰ and Sonbol et al. (56%).¹³

A total of 87.37% of the participants believed that they would be able to detect cases of child physical abuse if they encountered them. This finding is higher than the findings of previous studies by Kaur et al. (60%)⁸ and Mogaddam et al. (77%).⁶ Almost all (96.60%) participants agreed that providing child physical abuse training in the workplace is important. This finding is

similar to previous studies done by Al-Dabaan et al. (92.9%)¹¹ and Kaur et al. (99.1%).⁸ Of all participants in this study, 60.68% felt that the amount of material about child abuse provided in dental school was insufficient. This finding is higher than previous studies by Mogaddam et al. (52%).⁶ In this study, lack of knowledge about referral procedures was the main cause of the underreporting of abuse cases (66.99%) which is similar to previous studies Mogaddam et al. (60%),⁶ whereas Al-Dabaan et al. reported main barrier to reporting suspected child abuse and neglect case was fear of violence toward the child (87.7%).¹¹

In the present study, only 9.71% of the participants had suspected cases of child abuse in their clinics which is less as compared to previous studies done by Mogaddam et al. (11%),⁶ Vasa et al. (44%)⁹ and Al-Dabaan et al. (59%).¹¹ In regard to behaviour of practices, only 17.48% of the participants reported that their workplaces provide them with procedures to be followed in cases of suspected child abuse, which is higher than the previous studies by Mogaddam et al. (5%)⁶ and lower than Al-Dabaan et al. (21%).¹¹

CONCLUSION

This study showed that dentists of Nepal have insufficient knowledge about the manifestations of child abuse and neglect. They have positive attitudes towards their role in detecting and reporting it. However, due to a lack of knowledge about referral procedures, there is a huge gap between diagnosis of abuse and neglect case and reporting the case. So, we emphasise on providing materials, seminars and continuous education courses to dentists which will increase their awareness about the manifestations, referral procedures available at the institutes where they are practicing.

Conflict of Interest: None.

JNDA

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