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RESEARCH ARTICLE

ASSESSMENT OF DENTAL PRACTITIONER'S KNOWLEDGE AND ATTITUDE TOWARDS CHILD PHYSICAL ABUSE IN QASSIM REGION, SAUDI ARABIA

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ABSTRACT

Background: Child abuse and neglect are significant problems worldwide. In Saudi Arabia, reported cases are increasing. In 2011, 616 child abuse and neglect cases were registered. This is in comparison with 80 registered cases in 2010. In 2009 and 2008, 73 cases and 65 cases respectively were registered. Therefore, our study was established to assess the level of knowledge and attitudes of dental practitioners regarding child abuse.

Research Objectives:

To assess the knowledge and attitude of dental practitioners regarding child abuse.
To identify the barriers in reporting the cases of child abuse and neglect.

To assess the need for training dentists in detection of child abuse and neglect.

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

Results: Lack of knowledge about dentist role in reporting was identified as the major barrier in reporting [31.7%] in the reasons for hesitancy to report. Pearson chi-square test show significant difference between male and female regarding reason for hesitancy to report. There is a no significant difference between male and female regarding legal obligation of dentists to report child abused cases.

Conclusion: Although respondent dentists were aware of the diagnosis of child abuse, they were hesitant and unaware of the appropriate authority to report. This issue 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.

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INTRODUCTION

Children are always more vulnerable to abuse than other community members due to their young age and lack of sufficient skills. Child abuse and neglect has been defined by the World Health Organization (WHO, 2014) 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". A large proportion of abused child cases go undocumented and unreported. Health caregivers (general practitioners, dentists, nurses, psychiatrists, and others) have an important role to identify and report cases of child abused but little has been reported about this issue in Saudi Arabia. In relation to dentists, especially pediatric dentist and surgeons, the odds of encountering oral and dental aspects of child abuse cases are high. Injuries imposed due to child abuse can easily be diagnosed and parents who abuse their children are less conservative and careful in referring to dentists than

physicians. Therefore, the parents of such children frequently take their children to different physicians but usually take them to one dentist, who can play an important role in recognition of the condition (Cairns AM *Et al* 2005, Harris CM 2013). The 2010 and 2012 annual reports of the Hospital-Based Child Maltreatment Registry in Saudi Arabia indicated that (60%) and (35.8%), respectively, of reported maltreatment cases diagnosed with physical abuse (National Family Safety Registry 2010, 2012) In 2009, the Ministry of Social Affairs in Saudi Arabia mandated that the healthcare sectors must report suspected child abuse cases to the police, which is the certified agency to receive and manage these reports. After that, the police has responsibility to 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 M. *Et al.*, 2012). In 2002 WHO has been reported that almost 53,000 children died worldwide from homicide (WHO, 2014). 50 %to 70% of

all reported cases of physical child abuse present with orofacial trauma (Al-Jundi SH *Et al* 2010, Jordan A *Et al* 2012). It is clear that when child maltreated, they will suffer from physical and psychological problems, which will effect on themselves and the community in future. The majority of maltreated children today will be maltreating parents in future and such sequence will continue (Norman RE *Et al.*, 2012). Dentists' awareness of the conditions that leads to identification of abused children and their understanding of how these cases should be reported to authorities is of great importance. Since dentists, especially pediatric dentist are more likely to encounter child abuse cases and since a very limited number of studies are available in Saudi Arabia on child abuse, therefore, our study was established to assess the level of knowledge and attitudes of dental practitioners regarding child abuse, to identify the barriers that prevent their reporting of suspected cases, and to assess the need for training programs that can help in dealing with the problem.

MATERIALS AND METHODS

Internet-based survey using e-mail of the staff dental surgeons at Qassim University was carried out from December 2017 to March 2018. Ethical approval was obtained from the ethical committee at the Qassim University. The purpose of the study was explained, its voluntary nature was emphasized and confidentiality was assured through anonymous questionnaire and consent was obtained. The inclusion criteria was all dental practitioners who have Saudi dental license, while the exclusion criteria was dentists without state licensure. A sample size of (300) was obtained from respondents after distribution of the questionnaires among the targeted population in the Qassim through their e-mails. The questionnaire is a valid one taken from previous study composed of fourteen questions and it is modified from previous similar study (Kaur *et al.*, 2016) it is constructed using multiple choice formats and consisted of three parts. Part one includes demographic information and characteristics of participants including age, gender, dental school, and level of education. Part two assessed participants' knowledge of diagnostic indicators, signs of physical abuse, and knowledge of legal responsibilities regarding reporting child abuse and neglect. Part three assessed the barriers to report the child abuse case. The data were analyzed using the scientific package for Social Sciences (SPSS) software, and descriptive analyses for responses to each question was used. The chi-square test used to assess the association between variables; the difference is considered significant if the probability of the difference is equal to or less than 5 percent (P-value <0.05).

RESULT

There were 300 responses to the questionnaire. Demographics of the practitioner revealed that out of respondent (52%) were male, (48%) identified themselves as females. Nearly (50%) of the respondents dentists were a general practitioners and (14%) were a pediatric dentist with mean age (30.05) years old. (Table 1).

Knowledge/experience: Questions pertaining to knowledge of dentists showed that nearly (64.3%) of them were able to distinguish between accidental injury and physical abuse. (50.3%) were aware of any law to prevent child abuse.

Half of the dentist (50.7%) believe that the most common child abuser were parents and the most common age group of child abuse was from (3-6 years) by (46.3%), and (57.7%) of dentists think that one of their responsibilities is to counsel the victim or abuser, while (83%) of dentist want further training on how to identify abused children and the mechanism for reporting suspicious of possible child physical abuse (Table 2).

Table 1. Specialty distribution of the respondent dentists

Age	Percentage (%)
(21-29)	58.7%
(30-39)	34.1%
(40-60)	7.2%
Specialty	Percentage (%)
General Practitioners	50%
Pedodontists	14%
Orthodontists	7%
Endodontists	11.7%
Periodontists	6.7%
Oral and Maxillofacial surgery	6%
Prosthodontists	4.6%

Table 2. Knowledge of dentists

Hours of educational training for child abuse were given in curriculum?	Percentage (%)
None	41%
1 hour	31%
2 hour	15%
More than 2 hours	13%
Cases of child abuse they come across	
None	63.3%
1-5	32.3%
6-10	4%
More than 10	4%
Ability to distinguish between accidental injury and physical abuse	
Yes	64.3%
No	35.7%
Awareness of any law to prevent child abuse	
Yes	50.3%
No	49.7%
In which age group you know/expect child abuse to be more	
Less than 3 years	6.7%
3-6 yrs.	46.3%
7-12 yrs.	44.7%
More than 12 yrs.	2.3%
Commonly observed abuser can be	
Parents	50.7%
Teacher	13%
Elder siblings	21%
Relative	13.7%
Unknown	1.6%
Wish to counsel victim or abuser	
Yes	57.7%
No	16.7%
Not my responsibilities	25.6%
Wish to attend any kind of educational program	
Yes	83%
No	17%

Attitude: Attitude of dentist toward reporting of child abuse cases revealed that (55.7%) of the dentists' opinion was to report such vignettes to Child helpline. (43%) of the respondents' temperament was to report only suspected cases of child abuse. (Table 3)

Barriers to report: Lack of knowledge about dentists' role in reporting (31.7%) was identified as the major barrier in reporting, while only (29.7%) were fear of violence or unknown consequences toward the child. (Table 3) Comparing between male and female regarding the knowledge of mechanism to report a case of physically abused child there is no significant difference at P<0.05 (Table 5)

Table 3. Attitude of dentists and barriers to report abused case

Attitude of dentists toward reporting of child abuse	Percentage (%)
To police	26%
To parents	13.7%
Child helpline	55.7%
Any others	4.6%
Believed their legal obligation to report	
Suspected cases of child abuse	43%
Diagnosed cases of child abuse	23.4%
Did not know	33.6%
Reasons for hesitancy to report	
Lack of adequate history	23%
Lack of knowledge about dentist role in reporting	31.7%
Concern about the effect it may have on their practice	10%
Fear of violence or unknown consequences toward the child	29.7%
It is not the dentists responsibility	5.6%

Table 4. Do you believe on your legal obligation to report

	Suspected case	Diagnosed cases	Did not know
Male	70(23.3%)	30(10%)	56(18.7%)
Female	59(19.7%)	40(13.3%)	45(15%)
Pearson chi-square test	3.893	P value	.273

Table 5. Do you know any mechanism to report a case of physically abused child?

	Yes	No	
Male	51(17%)	105(35%)	
Female	33(11%)	111(37%)	
Pearson chi-square test	3.549	P value	.060

Table 6. Reasons for hesitancy to report

	Lake of adequate history	Lack of knowledge about dentist role in reporting	Concern about the effect it may have on their practice	Fear of violence or unknown consequences toward the child	It is not the dentists responsibility
Male	46(15.3%)	50(16.7%)	22(7.3%)	24(8%)	14(4.7%)
Female	23(7.7%)	45(15%)	8(2.7%)	65(21.6%)	3(1%)
Pearson chi-square test	40.053	P value	P<0.0001		

Applying Pearson chi-square test among gender of the respondent and the believe on their legal obligation to report abused cases either suspected or diagnosed cases there is no significant different between male and female at $P < 0.05$ (Table 4). Pearson chi-square test shows a significant difference between male and female regarding reason for hesitancy to report at $P < 0.05$ (Table 6)

DISCUSSION

The present study is one of the newest study conducted among dentists in Saudi Arabia regarding dental aspects of child abuse. The findings of the present survey indicated that there was a lack of knowledge of the dentist's role to report cases of abused child. Therefore, education is very important in this issue, and important for community, the lack of education and training courses is a serious problem for all authorities involved. This obtained result is not far from other studies done in other countries. (Thomas EJ *et al* 2006, and Owais *et al* 2009) found out, that dentists or dental students still have not had enough knowledge about topic of child abused and neglect which is in line with our study. Most of the respondents (31.7%) believe that the reason of hesitancy to report child abuse case was their lack of knowledge about the role of dentist to report such cases. In the present study, most of the dental practitioner (83%) wish to attend more education and training program about this topic, this result is consistent with the findings of numerous studies done in (1999) (1989)

emphasize the need for additional education and introduction of novels models of training related to recognition of child abuse and neglect through Long-life learning courses (Ramos-Gomez *FEt al* 1999, John *VEt al* 1989). Physical maltreatment to children can have different forms range from mild as (a few bruises, welts, scratches, cuts, scars), or moderate (numerous bruises, minor burns, a single fracture), to severe like (large burn, central nervous system injury, multiple fractures, other life-threatening injury). (Cavalcanti *ALEt al* 2009) Since, most of these injuries involve orofacial region, dentists can detect the signs of physical abuse, sexual abuse, health care neglect, dental neglect, and safety neglect. In (2012, Losso *EM et al*), shown that under notification of the suspicious cases which might be due to the lack of information regarding the diagnosis and knowledge about the obligation of notifying suspected cases among various health professionals. The rate of detecting cases of child abuse by respondents in our study was lower 32% in contrast to previous study as 60% by (Kaur *et al.*, 2016), 59% by (Al-Dabaan, 2017), 78.7% by (Marina Sousa Azevedo *et al.*, 2012) and 65% by (Granville-Garcia *et al.*, 2008). In contrary to that, the result is almost similar to studies 42% by (Owais *et al.*, 2009), 50% by (Sonbol *et al.*, 2011), 50% by (Samer Bsoul *et al.*, 2003). Lack of awareness among dentists can be cited as the reason for lower detection rate of such cases. Among Sixty four percent 64.3% of the respondents capable of diagnosing abuse cases. In the present survey also, 50.3% of the dentist were aware of any law to prevent child abuse which in the same line with study done by

(Kaur *et al.*, 2016), while in study done by (Al-Buhairan *et al.*, 2011), only 22% of the dentists were conscious of United Nations Convention of the Rights of the Child (UNCRC), or national policies addressing child maltreatment (United Nations Human Rights). Lack of knowledge about the laws to protect abused child might be one of the reason to the lower incidence of reporting (Kaur *et al.*, 2016). The present study strongly indicate that parents 50.7% are the most probable abuser followed by elder siblings 21%. While mother has been found to be the perpetrator in most of the cases; step parents and sibling offenders are also not prodigious (Sudeshni Naidoo, 2004). In our survey, 55.7% of the respondents believed in reporting to childhood helpline number and only 26% of the respondent to police, which is similar to previous studies where contact of police was considered least desirable by most of the professionals (Kaur H *et al.*, 2016). But In the study of (Kaur *et al.*, 2016), 46.3% of respondent report the cases to police that conclude majority of the dentists are unaware of the appropriate agency to report and presence of communication gap between social welfare agencies and health care workers. In present study, more than 43% of dentists believed that their legal obligation is to report suspected cases of child abuse, 23.4% knew to report diagnosed cases and only 33.6% of the respondents did not know of their legal obligation. Similar results were found by (Samer A. Bsoul *et al.*, 2003).

Where majority of the responding dentists 84% were aware of their legal obligation to report suspected cases of child abuse (Bsoul *et al.*, 2003). Also the present study, revealed that no difference between male and female knowledge regarding the mechanism of reporting a case of physically abused child, and their believe on the legal obligation to report abused cases is either suspected or diagnosed cases. On the other hand, the difference between male and female regarding reason for hesitancy to report was obvious since it is highly statistically significant. 41% of the respondents reported that no hours of education was discussed about this topic during training while 31% of the respondents told that only 1 hour was allocated, similar to what was found in a prior study, where only 1.9% of the dental school professionals received child protection training program (Habib, 2012). These Results suggest that most dental programs in many countries have inadequate level of guidelines for dentists to diagnose and refer such cases. This level of guidelines should be established to identify the signs of abuse and mechanism to report it.

Conclusions and recommendations

Knowledge and attitudes of dentists in Saudi Arabia regarding child abused and neglect and related issues shows intensive need of serious education for dental practitioners in Saudi Arabia. Dentists need comprehensive and effective education to rise their knowledge and their awareness of all aspects of child abused and neglect as well as to promote the value of their role in detecting and reporting suspected cases. With a view to achieve this, dental schools, continuing education providers and all legal authorities could improve programs an important strategies for training dentists in diagnosing, documenting and reporting suspected child abused and neglected cases. Also, healthcare and academic institutes must have clear referral procedures to follow in suspected cases of abuse.

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