

Insights about Child Abuse among Dentists in Tamilnadu

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Abstract

Aim: The aim of the study is to assess the Knowledge, Attitude and Practice of Dental Practitioners regarding child abuse. **Materials and Method:** A pre-tested questionnaire containing 19 closed ended questions was distributed who had atleast one year of clinical experience. Data collection was carried out by direct interview with the dentist and the collected data was entered in the Windows Microsoft excel sheet. Descriptive statistics and Chi square test was carried out. Level of significance was set as 0.05. **Result:** The study showed that 57 percent of dentists are seeing around 1 to 10 patient below 17 years per week. 10 percent of dentists investigated child abuse patients themselves. 28 percent of them had contacted a doctor, colleague, dental association or children's hospital if they suspected a case and 59 percent of dentist are uncertain about diagnosing child abuse. **Conclusion:** Detecting and treating child abuse is a benefit not only to the child but also for the society. Thus it should become mandatory that the dentists are trained to recognize it, so that more cases would be diagnosed and reported by the dental profession.

Keywords: child abuse, Dentists, knowledge.

Introduction

The wealth of the nation does not only depend on its economical and natural resources. But, it lies more decidedly in the kind and quality of its youth and children. Children have boundless stores of energy, will, capability, zeal, enthusiasm and have the power to mould the destiny of the nation. This infinite storehouse of energy has to be properly moulded. Children of today will be adults of tomorrow.

Childhood should be carefree, playing in the sun, not living in a nightmare in the darkness of the soul¹. Child abuse is a common finding in the society today. Child abuse may be defined as an act by parents or caregiver who endangers a child's or young person's physical or emotional health or development². A child

should have an environment that demonstrates love, compassion, trust and understanding nature. When these are present around the child, it can grow up with a good mental status. Many children these days do not receive this type of lifestyle. Rather their life is filled with resentment, hatred, distrust and constant negativity. Child abuse is when a parent or a caregiver, cause injury, death, emotional harm or risk of serious harm to a child, either through action or falling to act. There are four forms of child abuse such as – physical abuse, sexual abuse, emotional abuse and neglect³. But in recent years, the community has become increasingly aware about the problem of child abuse in the society. For the purpose of child protection, the Government of India has brought out many acts like: Prevention of children from sexual offense Act, 2012; Juvenile justice Act, 2006; National plan of action for children, 2005³. Numerous studies have shown that the head and orofacial region are the most common sites of trauma from child abuse, like scalp-79%, neck-59%, forehead-52%, cheek-49%, lower jaw-48%, Upper lip-45%¹. This may be due to these areas being the most exposed and accessible. Hence, dentists play a major role in detecting and treating child abuse. But there exists a dilemma if dentists are aware

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about it or show a lethargic attitude towards this issue. Detecting and treating child abuse is a benefit not only to the child but also for the society. Thus, it should become mandatory that the dentists are trained to recognise it, so that more cases would be diagnosed and reported by the dental profession.

Hence, the aim of this study is to assess the knowledge, attitude and experience of dentists in and around Chennai city with regards to child abuse and to assess the association with their graduation and the years of experience of the dentist.

Methodology

The present study was conducted randomly among 100 dental practitioners in and around Chennai city, Tamil Nadu. The study was explained to the dentists and only who were willing to participate were included in the study. Data collection was carried out by direct interview with the dentists.

A pre-tested closed ended questionnaire⁴ was used for this study. The questionnaire consists of 19 closed ended questions, of which, 6 questions were based on the attitude, four questions were based on the knowledge and eight questions were based on the practise of dentists about child abuse.

The data obtained were entered in the Microsoft excel sheet database and statistical analysis was done using SPSS version 16. Descriptive statistics and Chi square statistics was carried. Level of significance was set as 0.05.

Result

The mean age of the study population were 33.61 years with average clinical experience of 10.05 years. Of the 100 practitioners participated 53 were males and 47 were females and 41 were MDS graduates and 59 were BDS graduates and 57% of dentists are seeing around 1 to 10 patients below 17 years per week and 2% of dentists have seen no patients below 17 years recently.

Table 1: Association between graduation, overall career experience and experience of dentist's regarding child abuse:

With reference to child abuse, I have/would have	TOTAL%	Response	GRADUATION		Chi Square Sig. value	OVERALL CAREER EXPERIENCE		Chi Square Sig. value
			BDS	MDS		Dentist with experience above 10 years	Dentist with experience below 10 years	
suspected cases in my dental office	20	Yes	13	7	0.364	15	5	0.118
	80	No	46	34		46	34	
reported cases in my dental office	14	Yes	10	4	0.236	9	5	0.516
	86	No	49	37		52	34	
recorded signs in patient's record	13	Yes	10	3	0.133	8	5	0.609
	87	No	49	38		53	34	
known appropriate avenues for reporting	16	Yes	6	10	0.052	11	5	0.345
	84	No	53	31		50	34	

Cont... Table 1: Association between graduation, overall career experience and experience of dentist's regarding child abuse:

investigated a suspected case myself	10	Yes	6	4	0.612	8	2	0.17
	90	No	53	37		53	37	
contacted a doctor, colleague, dental association or children's hospital, if I suspected a case	28	Yes	18	10	0.331	18	10	0.427
	72	No	41	31		43	29	
contacted health department, police, community services, social worker or school, if I suspected a case	23	Yes	15	8	0.329	16	7	0.239
	27	No	44	33		45	32	
ignored a suspected case	6	Yes	4	2	0.523	4	2	0.566
	94	No	55	39		57	37	

Table 1 reveals that 86 percent of the dentists have not recorded, reported, investigated or suspected any case of child abuse in their dental office. 84 percent of dentist to have very little knowledge regarding the avenues for reporting child abuse. Data shows that there is no significant difference among dentist regarding with their graduation status and clinical experience in treating abused children.

Table 2: Association between graduation, overall career experience and attitude of dentist regarding child abuse:

In reporting child abuse, I would consider ...	Total%	Response	GRADUATION		Chi Square Sig. value	OVERALL CAREER EXPERIENCE		Chi Square Sig. value
			BDS	MDS		Dentist with experience below 10 years	Dentist with experience above 10 years	
patient's confidentiality	90	Yes	52	38	0.349	55	35	0.599
	10	No	7	3		6	4	
possible effects on my practice	61	Yes	39	22	0.148	41	20	0.084
	39	No	20	19		20	19	
uncertainty about diagnosis	59	Yes	36	23	0.387	30	29	0.01
	41	No	23	18		31	10	
fear of litigation	34	Yes	21	13	0.427	20	14	0.457
	66	No	38	28		41	25	
possible effects on child's family	79	Yes	47	32	0.518	48	31	0.566
	21	No	12	9		13	8	
possible effects on the child	86	Yes	51	35	0.551	51	35	0.29
	14	No	8	6		10	4	

Table 2 reveals that 90 percent of the dentists consider patients confidentiality, 86 percent of considered possible effects on the child and its family. There is no level of significance in uncertainty about their diagnosis.

However, they say, 66 percent of the dentist does not consider the fear of litigation but 79% percent them bother about the possible effects on their practice.

Table 3: Association between overall career experience, graduation and knowledge of dentist's regarding child abuse:

I Think that.....	Total%	Response	OVERALL CAREER EXPERIENCE		Chi Square Sig. value	GRADUATION		Chi Square Sig. value
			Dentist with experience below 10 years	Dentist with experience above 10 years		BDS	MDS	
child abuse is more prevalent in particular socio-economic group	68	Yes	39	29	0.193	39	29	0.395
	32	No	22	10		20	12	
dentists are legally required to report child abuse in Tamilnadu.	86	Yes	51	35	0.29	51	35	0.551
	14	No	10	4		8	6	
dentists can be called in front of children's court to give evidence to child abuse	83	Yes	49	34	0.272	49	34	0.596
	17	No	12	5		10	7	
identity of a dentist reporting child abuse, remains confidential	78	Yes	44	34	0.061	50	28	0.045
	22	No	17	5		9	13	

Table 3 shows 68 percent of dentists feel that child abuse is prevalent in a particular socioeconomic group. 85 percent of dentists feel that dentists can be called in front of children's court for evidence and can legally report child abuse in Tamilnadu.

Discussion

Child abuse is one of the alarming condition India is facing today. Child abuse is the physical, sexual, emotional mistreatment, or neglect of children. Most child abuse occurs in a child's home, with a smaller amount occurring in the organizations, schools or communities.

The dental health professionals are the first in detecting child abuse based on their oral signs and reporting child abuse. Signs for child abuse include trauma to the teeth and injuries to the mouth, lips, tongue or cheeks that are not consistent with an accident, fractures of the maxilla and mandible and oral burns. Injuries to the upper lip and maxillary labial frenum may be a characteristic in severely abused young children. But there is a dilemma if dentist are really contributing towards this issue. There seems to be negligence by the dentist and a lack knowledge regarding this issue. If more awareness is created among them in detecting and treating child

abuse, many innocent children can be protected from this and help in the upliftment of the society.

The present study was conducted to evaluate the experience, knowledge and attitude regarding child abuse among the dentists. Based on this study, there appears to be no significance in the relationship between the experience and graduation with the attitude or knowledge of child abuse. Most of the dentists regardless of their graduation status or years of experience show a negligent attitude towards child abuse.

20 percent of dentist suspected cases of child abuse in our study. Of the 20 percent suspected cases of child abuse seen; only 14 percent of cases actually were reported. 61 percent of dentist have been reported to have found possible effects on their dental practice, but failed in reporting mainly because of dentist considered patient confidentiality, 51 percent are uncertain in diagnosing child abuse. However, 23 percent of dentist contacted a doctor colleague, dental association or children's hospital about suspected case. Vijay John et al (1999)⁴, performed a survey in Victoria, Australia reported that 28 per cent of dentists reported that they had suspected child abuse in one or more of their patients 51 percent of suspected a cases contacted a doctor, dental association or children's hospital.⁴ Colleagues are generally readily accessible, and it is understandable that a dentist would feel more comfortable discussing such a sensitive matter within his professional circle.⁸ 6 percent of the dentist ignored suspected cases in our study. However Vijay John et al.,(1999) in his study reports that 1-2 percent of respondents indicated that they would ignore a suspected case; this is considered an inappropriate response and indicates a reluctance to comply with moral obligations to report currently imposed on them.⁴

The present study showed that, 13 percent recorded signs in patient records. Dabaan et al.,(2014)⁸ conducted a study among dentist living in Saudi Arabia and reported only 39.4 percent of the respondents indicated that they had recorded suspected findings in the affected child's medical record. Good record keeping is essential in dentistry for legal purposes. Lack of awareness about the legal aspects of child abuse can be a reason for not recording signs in patient records. Dental practitioners should be trained in the handling of such cases and in the completing of these forms.⁸

The present study showed that, while reporting the child abuse 34 percent of dentist have the fear of litigation, this supports the lack of confidence in child protection services and their ability to handle such sensitive cases has also been identified as a potential barrier for the reporting of cases (John et al., 1999)⁴. 79 percent of dentists in our study while reporting child abuse consider possible effects on child's family. According to Darbaan et al.,in Saudi Arabia(2014) performed a survey in that 49 percent neglect to report the cases due to the fear of family reprisal and lack of certainty about the diagnosis of child abuse.

In this study, 68 percent of professionals reported child abuse cases are more prevalent in particular socio – economic groups. Sonbol et al., (2011)⁹ conducted a study in Jordan and found that, more than half of the dentists surveyed (57 percent) reported that child abuse occurred mostly in low socio - economic households, rather than in middle or high socio economic classes. Link between parent unemployment and the risk of child maltreatment was identified. Despite these findings, however, it is important for healthcare providers to recognize that child maltreatment is not confined to poverty and low socio-economic classes.

While the court decision raises doubts about the effectiveness of the child abuse Act 2012⁸, this applies to non-mandated professionals such as dentists, because of the voluntary nature of their reporting at present is reinforced by the present study, which clearly showed the lack of knowledge about the reporting of child abuse on the part of dentists.

One of the major limitations of this study is that, all the questions were asked hypothetically. It did not determine the exact statistics of the attitude towards child abuse. Another drawback is that, it was confined to a limited population.

In future , further studies can be carried out to a broader population to find out the exact statistics of abused patient in Tamilnadu. It will be welcoming, if knowledge is shared among our fellow dentists regarding child abuse and educate them for the welfare of the society.

Conclusion

Detecting and treating child abuse is a benefit not only to the child, but also for the society. Thus, it should

be mandatory that dentists are trained to recognise it, so that more cases would be diagnosed and reported by the dental profession.

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