

Knowledge and attitude of dental undergraduate students regarding child abuse – A cross-sectional study

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ABSTRACT

Aim: A cross-sectional survey was undertaken to assess the knowledge and attitude of dental undergraduate students regarding child abuse and to identify the barriers in reporting the same. **Materials and Methods:** With prior consent, a 10-question survey including both multiple-choice and yes/no questions was mailed to 100 dental undergraduate students, and the data collected were statistically analyzed. **Results:** Lack of knowledge of dentists' role in reporting (38.7%) was identified as the major barrier in reporting. About 91% of the study population was able to distinguish between accidental injury and child abuse. About 82% were aware of the laws to prevent child abuse. Majority of the abusers were found to be caretakers (34.8%) and least was relatives (11.1%). **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.

KEY WORDS: Awareness, Child abuse, Knowledge, Neglect, Practices

INTRODUCTION

In recent years, the community has become increasingly aware of the problem of child abuse in society. Child abuse is observed in all social, ethnic, religious, and professional strata as the predominant in every segment of society.^[1] Child abuse is the physical, sexual, emotional mistreatment, or neglect of children. In the United States, the Centers for Disease Control and Prevention defines child maltreatment as any act or series of acts of commission or omission by a parent or other caregivers that result in harm, potential for harm, or threat of harm to a child.^[2]

Some of the accepted definitions to support in diagnosing and reporting of child abuse are child maltreatment, commonly referred as child abuse and neglect (CAN), include 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] The World Health Organization has well-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."^[4]

Most cases of child abuse fall into the three basic criteria (1) neglect; (2) physical abuse; and (3) sexual abuse.^[5] The tarnishing long-term effect of child maltreatment prompt victims to become violent adult offenders and facing adaptation problems in the society.^[6]

Interventional strategies targeted face complex challenges at resolving this problem.^[7] Most of the surveys have shown that 50–77% of the abuse cases involve head-and-neck region and, hence, placing oral health care workers in a deliberate position to detect, diagnose, document, and report to appropriate authorities.^[6] The incorporation of this subject into the curricula of undergraduate dental education of dental schools has increased the awareness of dental health professionals.^[8-10] In spite of this training, it is found that abuse is still being underreported by health-care professionals including the dental community.^[11] The first documented evidence of dentists failing to report child maltreatment was reported by the American

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ISSN: 0975-7619

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Received on: 09-06-2019; Revised on: 24-07-2019; Accepted on: 12-08-2019

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 underreporting.^[12,13] Even though 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 attitude among dental undergraduates regarding child abuse, to identify barriers that prevent the reporting of suspected cases, and to assess the need for associated training.

MATERIALS AND METHODS

The study was started after obtaining ethical approval from the institutional review board. Only dental undergraduate students were included in this study. While the intent was to maximize the representativeness of the sample, the results analyzed were only those from the students who responded. Before distribution of questionnaire, written consent was obtained stating that responses would be kept confidential and anonymous. A 10-question survey was distributed to 100 dental undergraduate students. The questionnaire consisted of multiple-choice questions as well as yes-no questions. No identification was requested for either the name or location of those completing the survey. The first part of the questionnaire consisted of questions to assess the student's knowledge regarding detection of such cases, indicators of physical abuse, the history of suspected child abuse cases from their practice, risk factors for child abuse, manifestations, awareness of laws, and changes in behavior of such vignettes. The second section included questions regarding the attitude of students' toward reporting of suspected cases of CAN. The third 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 SPSS software.

RESULTS AND DISCUSSION

Questionnaire responses were tabulated, and percent frequency distributions for responses to each item were computed [Table 1]. 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. Results are tabulated and graphically represented below.

About 91% of the study population were able to distinguish between accidental injury and child abuse. About 82% were aware of the laws to prevent child abuse. Majority of the abusers were found to be caretakers (34.8%) and least was relatives (11.1%). Attitude of students toward reporting of child abuse

Table 1: Questionnaire response

S. No.	Answer	Percentage
1. Cases of child abuse across	None	43
	1-3	27
	3-5	17
	More than 5	13
2. Ability to distinguish between accidental injury and child abuse	Yes	191
	No	9
3. Awareness of any law to prevent child abuse	Yes	82
	No	18
4. In which age group you know/expect child abuse to be more	4-6 years	41
	7-12 years	48
	More than 12 years	11
5. Commonly observed abuser can be	Parents	20
	Teachers	5
	Caretaker	35
	Siblings	12
	Relatives	11
	Unknown	8
6. Wish to counsel victim or abuser	Yes	94
	No	6
7. Wish to attend any kind of educational program	Yes	90
	No	10
8. Attitude of dentist toward reporting of child abuse	To police	28
	To parents	20
	To childline help	52
9. Believed their legal obligation to report	Suspected cases of child abuse	44
	Diagnosed cases of child abuse	43
	Did not know	13
10. Reasons for hesitancy to report	Lack of adequate history	22
	Lack of knowledge of dentist role in reporting	39
	Concern about the effect it may have on their practice	29

cases revealed that 52% of the student's opinion was to report such vignettes to childline help. About 44% of the respondents' temperament was to report only suspected cases of child abuse. Lack of knowledge of dentists' role in reporting (38.7%) was identified as the major barrier in reporting.

About 91% of study population was able to distinguish between Accidental injury and Child abuse. 82% were aware about the laws to prevent child abuse. Majority of the abusers were found to be caretakers (34.8%) and least was relatives (11.1%). The previous studies showed that 89.7% of them were able to distinguish between accidental injury and physical abuse and 68.2% were aware of any law to prevent child abuse.^[14] Physical abuse to children can vary

from mild (few bruises, welts, cuts, scratches, and scars), moderate (numerous bruises, a single fracture, and minor burns), or severe (large burn, multiple fractures, central nervous system injury, and life-threatening injury). Since multitude of these injuries involves orofacial region, dentists can be the foremost to detect signs of physical abuse, sexual abuse, health care neglect, dental neglect, and safety neglect. Attitude of students toward reporting of child abuse cases revealed that 52% of the student's opinion was to report such vignettes to childline help. About 44% of the respondents' temperament was to report only suspected cases of child abuse. Nevertheless, global statistics has shown under notification of the suspicious cases which might be due to the lack of information regarding the diagnosis and knowledge of the obligation of notifying suspected cases among various health professionals.^[13] Lack of knowledge of dentists' role in reporting (38.7%) was identified as the major barrier in reporting. Thus, a cross-sectional survey was undertaken to obtain information regarding the students' knowledge and attitude regarding exigent issue of child abuse. The study consisted of self-report questionnaire, ensuring the confidentiality of the questionnaires, thereby granting more confidence and high response rate.

CONCLUSION

1. Underreporting of child abuse is still an important problem in the dental profession.
2. Children witnessing violence is at an increased risk of growing up to be abusers themselves. Hence, we as health professionals can play a proactive role in breaking intergenerational vicious cycle of violence.
3. Continued efforts by educational and government institutions should be brought to bear on this significant social and health-care problem, whether through dental school curricula or continuing education courses.

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Source of support: Nil; Conflict of interest: None Declared