

Awareness Regarding Child Abuse and Neglect among Dental Professionals of Telangana

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ABSTRACT

Introduction: Child abuse is a global phenomenon occurring either in a child's home or in institution, school or communities. Though it bears an impact on the individual, families and community at large, the exact extent of the issue still remain unclear. This study was taken up with the aim of reporting awareness regarding child neglect and abuse as literature evidence in this part of the country is scant.

Material and methods: A cross sectional study was employed to assess the awareness regarding child abuse and neglect among 331 dental professionals of Telangana using a pre – designed structured questionnaire of 12 parameters.

Results: The study participants were practitioners of both public and private sector and students, both undergraduate and post graduates. 80.6% of the respondents were aware regarding child abuse and neglect.

Conclusion: Though majority of the dentists were aware about CAN, sensitization regarding identification, reporting and treating of abuse is called for by continuing education programmes and seminars.

Keywords: Child Abuse, Child Neglect, Dental Professionals, Maltreatment, Awareness

INTRODUCTION

Often Child Abuse and Neglect (CAN) transforms into indefinite tragedies to the child resulting in physical, cognitive and / or emotional impairment which can even have carry over effect to adulthood.¹ World Health Organisation states “ all forms of physical and / or emotional maltreatment, sexual abuse, neglect ion, exploitation in any way including commercial which results in actual or poses a potential harm to the child's health, dignity, development or survival in the context of relationships, trust or power” is termed Child abuse.²

Child abuse can be categorised into four kinds a) physical abuse – is the form of maltreatment a child suffers or would suffer from an injury inflicted by parents or caregivers. b) sexual abuse – is abuse resulting from an adult for sexual gratification c) emotional abuse – is due to the repeated rejection a child faces by parent or caretaker d) neglect – when the child's parent or caretaker fails to provide for the basic necessities like food, clothing, shelter and health care to such extent that it compromises the health and development of child.³

Child's overall development is hampered as it affects physical, psychological, cognitive, behavioural and social domains which are generally interlinked.⁴ As per a study

conducted by Kacker et al⁵, it was unfortunate to notice that the perpetrators were the parents themselves in 83% of the cases.

It must be the responsibility of the all health professionals to protect children who are being abused or neglected.⁶ Dental professionals are in a perfect stand to identify child abuse as they are the first professional to be seen immediately after an abuse for routine dental check up. Physical abuse is generally seen as oro-facial trauma or trauma to head and neck area.^{7,8} Signs of bruises, lacerations, trauma to lips, tongue and soft tissue injuries, abrasions and fractured or avulsed teeth are typically seen in the oral cavity, when a child is subjected to abuse and neglect.⁹

Dentists are in a unique position to identify and intervene child abuse at all levels. But literature evidence from Western nations has shown that health professionals lack the knowledge to recognise and report child neglect and abuse cases.¹⁰ This study was taken up with the aim of reporting awareness regarding child neglect and abuse as literature evidence in this part of the country is scant.

MATERIAL AND METHODS

A questionnaire cross – sectional study was conducted on 331 dental professionals to evaluate their awareness regarding child abuse and neglect. 331 dentists were randomly selected based on empirical sample size determination, as per the prevalence of previous related literature. Simple random sampling technique was employed and forms were sent till the desired sample numbers were recruited.

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Permission to carry out the study was obtained from Institutional Ethical Committee of Army Dental College. Only those practitioners who willingly consented for the study were included. The study was conducted among dental professionals of Telangana. Dentists were randomly selected from the database obtained from Indian Dental Association. Only those with active state licensure, of both public and private sector were included in the study.

A pre-designed, validated questionnaire framed in English based on previous studies by John et al⁸ and Cairns et al¹¹ was sent through electronic media. The questionnaire assessed 12 variables regarding child neglect and abuse. A cover letter was sent along with the form requesting the respondents to participate and to obtain demographic characteristics. Coding of the participants was ensured to achieve confidentiality. Questionnaire used to assess CAN is presented as Annexure(I)

STATISTICAL ANALYSIS

The data hence obtained was transferred to spread sheets and analysed using SPSS 19.0 version. Descriptive statistics were used to obtain frequency and percentages. Chi square test was used to find out significant differences existed between the participants in mean knowledge and attitude scores. Statistical significance was taken at p<0.05.

RESULTS

A response rate of 100% was obtained as all forms sent replied in complete. The results obtained through the questionnaire showed that 80.6% of dental professionals were aware about maltreatment (child abuse and neglect).(Fig 1) Majority of our respondents were practitioners in public or private sector (29.1%), followed by under graduate students (30.3%) and post graduate students (23.5%) (fig 2). Around 77.4% of the participants knew that child abuse is the most prevalent cause of pediatric mortality and failure to report forms an offence under POCSO Act 2012 [Section - 21 (1)] (POCSO-Protection of children from sexual offences).(Fig 3). 84.5% of the dental professionals opined interviewing both the parent and child separately was the best way to elicit child abuse.

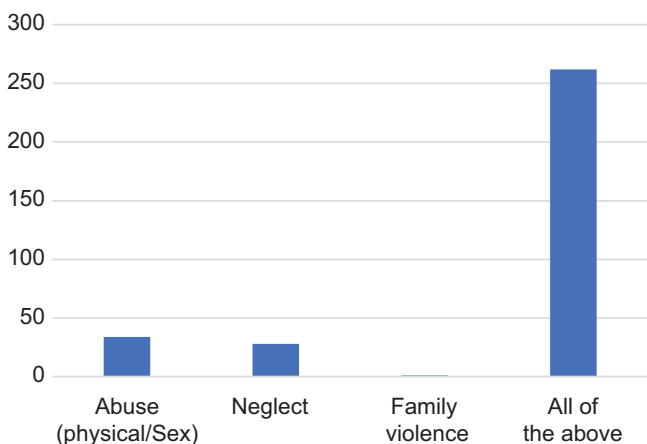


Figure-1: Prevention identifies several types of maltreatment in children

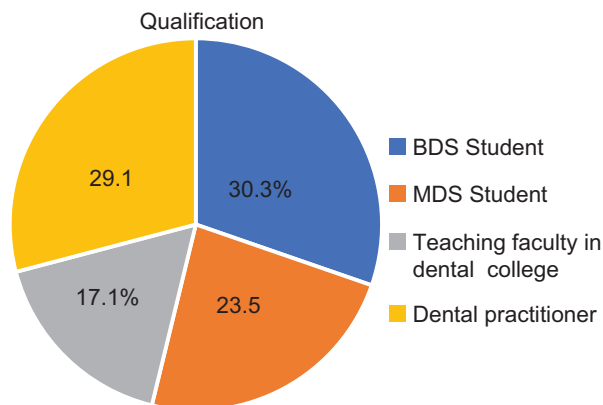


Figure-2: Educational Qualification

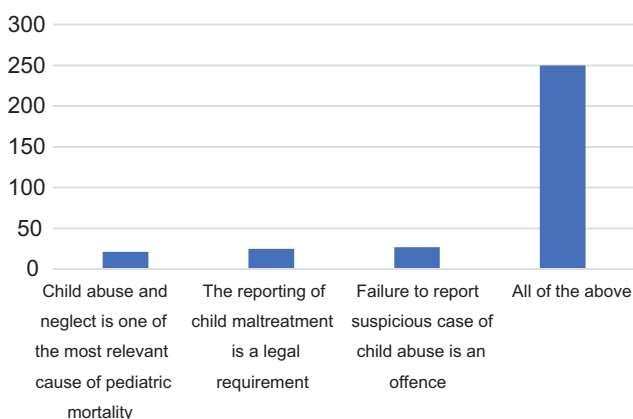


Figure-3: Which of the following statement is appropriate?

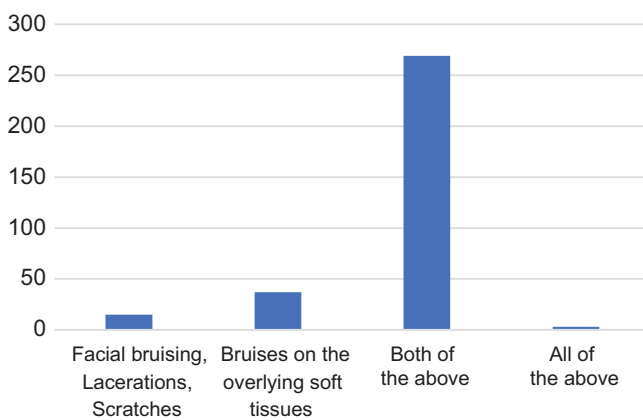


Figure-4: External trauma associated with abuse may include

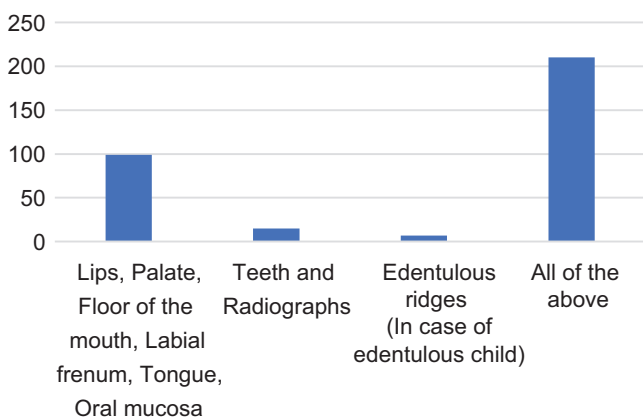
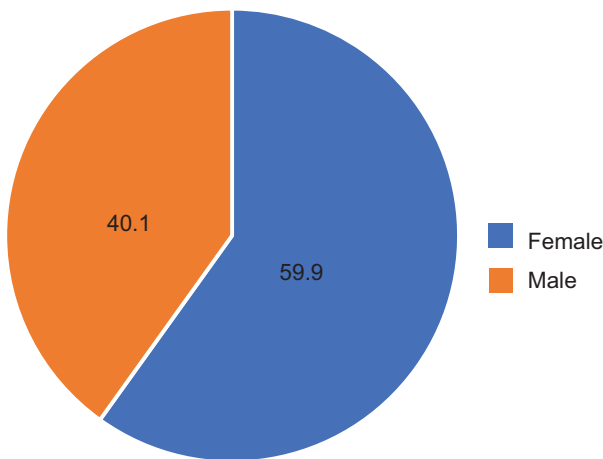
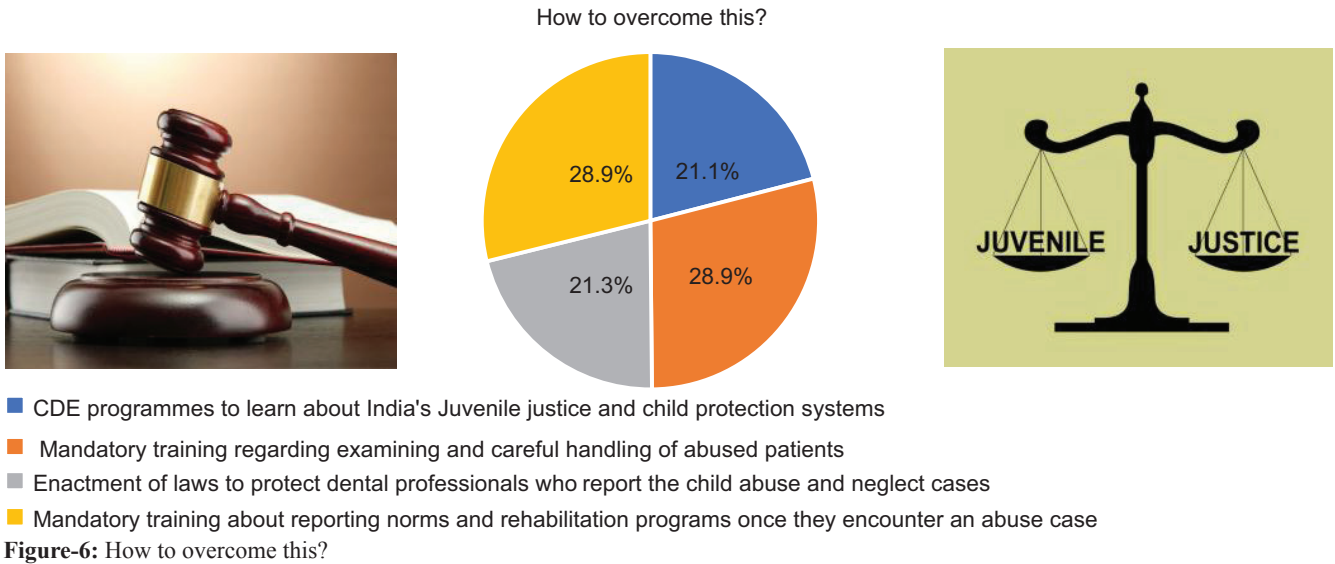


Figure-5: When suspicion of child abuse is present, a thorough examination of which of following is needed?



Though 77.4% were aware about CAN, it was unfortunate that 30.2% of the respondents did not report CAN due to lack of awareness regarding legal responsibility, 32% as they were not adequately trained to identify characteristics related to CAN, 24.5% feared the consequences in their practice and 13% did not want to interfere in the parent child relationship. 63.5% of participants were aware that child abuse report must include nature and extent of the child's injuries, including any evidence of previous injuries (Size, Shape, Number, Colour, and location of the lesion and radiographic interpretation of the injury). (fig 4 and 5)

Almost an equal response was obtained by the respondents in decreasing the prevalence of child abuse. 21% reported CDE programmes were important to learn legal system, 28.9% training is mandatory, 21.3% agreed that laws need to be enacted to prevent CAN abuse and 28.9% reported mandatory training for reporting and rehabilitation schemes. (fig 6)

The results when compared between genders or between educational qualifications did not reveal any significant differences between the groups. (fig 7)

DISCUSSION

Child abuse violates the basic human rights of a child and

remains one of the most critical agenda in international human rights affair. Off late, India has accepted child rights as primary and inviolable along with universal understanding of these rights.¹² The findings of the current study is of significant as dentists are key professionals in identifying and reporting CAN as they are first ones to come in contact with the abused child.

The present study reported an awareness of 77.4% among study participants regarding CAN. A study conducted by Vasa et al¹³ reported an awareness rate of 89% which was slightly higher than our study. This could be because their study population included only the specialists who had higher exposure to the child protection issue. Evidence has shown that knowledge amongst dentists' in UAE and Saudi Arabia¹⁴ too reached a score of 80%. Uncertainty about legal procedures was noted in 30.2% of our respondents which was also reported in study conducted by Sonbol et al¹⁵ in Jordan. In addition, another 32% felt they could not identify characteristics relating to CAN which was also similar to studies conducted by Harris et al¹⁶ and Cairns et al. An inadequate educational training in child neglect was also reported by 22–75% of respondent dentists in another study conducted by Adair et al.¹⁷

Davis et al¹⁸ reports various factors influencing recognition and reporting of CAN such as deficient awareness regarding legal responsibilities, uncertainty regarding CAN, inefficient training in identifying characteristics associated with CAN, lack of skill in reporting, not wanting to interfere in child parent relationship, fear of being involved legally and most importantly the effect of reporting on the dentist's practice. A good number of dentists (83%) were cognizant with the physical signs of CAN. Facial bruising, laceration and bruises in soft tissue were associated with CAN in our study. These findings are in concordance with Kaur H et al who reported 78% of their study population reported burns and oro-facial trauma as physical indicators for child abuse.

Our study shows that all the respondents were aware about legal reporting of CAN. These findings are similar to the study conducted by Kaur.H et al¹⁹ wherein only 6% of their

participants were not aware of legal reporting in such cases. When asked about not reporting of suspected cases in previous literature dentists, there were a mixed response. While some reported not being aware, some got scared and some did not want to interfere in parent child relationship. Almost same results were seen in the study of Kaur.H et al¹⁹ wherein, 51% of their participants were unaware and 14% were apprehensive regarding reporting

In our study, 59.2% of participants were aware about the 24 hour toll free emergency number launched by Union Ministry of Women and Child Development This was similar to the study done by Vasa et al¹³, who also reported 57% of its respondents opined that the agency to report CAN was Women and child welfare. The response rate was cent percent, which was comparatively higher than the study of Azevedo et al²⁰ reporting 68% response from participants.

The findings in the present study must be generalised with caution as convenient sampling was employed. GOI has proposed certain programs to prevent CAN such as Family support approaches (Parenting training, intensive family preservation services), Training for health professionals (Continuing education program, providing them diagnostic and treatment guidelines), Providing legal and related remedies (Child protection services, arrest and prosecution policies) and facilitating community based effort (School programs and prevention and educational campaigns).²¹

In the present study, only 53.8% of the dentists gave a positive response to report CAN cases, stressing the significance of increasing awareness among them. A higher proportion (80.6%) of our respondents were aware about child maltreatment, while 83% could identify external trauma associated with abuse. 63.4% of them knew that in case of doubt, a thorough examination must be done. No significant differences were noted between the categories of respondents interviewed (BDS, MDS, Teaching faculty or a private practitioner). Our study concludes that adequate awareness is imperative in recognising and reporting child abuse if suspected.

CONCLUSION

The study findings emphasise the need for educational programmes in dental curriculum to assess, detect and report any suspected child abuse and neglect. Dentists have the potential to reduce the prevalence of child abuse if prevention strategies are being taught to them. Seminars, workshops and conferences must be attended by the dental professionals to keep themselves updated regarding CAN and measures taken to tackle them.

Indian government must formulate policies to train dental and medical professionals regarding child abuse and neglect, taking cues from developing nations. This in turn will contribute to a better society with knowledge regarding child abuse and prompt reporting.

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Annexure(I): General awareness regarding child abuse and neglect, among the dental professionals

1. Your educational qualification

- A. Student -BDS
- B. Student -MDS
- C. Teaching faculty (Private or Government college)
- D. Private Practitioner /Working in government sector

2. Gender

- A. Female
- B. Male

3. Prevention" identifies several types of maltreatment in children.These include...

- A. Abuse(physical/Sexual/Emotional)
- B. Neglect
- C. Family violence
- D. All of the above

4. Which of the following statement is appropriate ?

- A. Child abuse and neglect is one of the most relevant cause of pediatric mortality
- B. The reporting of child maltreatment is a legal requirement
- C. Failure to report suspicious case of child abuse is an offence under POCSO Act 2012 [Section - 21 (1)] (POCSO- Protection of children from sexual offences)
- D. All of the above

5. Which of the following is the proper way to interview a child suspected to have been abused ?

- A. With both parent/caretaker and child together
- B. Child and parent/caretaker interviewed separately
- C. Do not interview the child but rely on the parent/Caretaker's explanation
- D. Do not interview the parent

6. Which of the following behaviour when observed should raise a concern of child abuse ?

- A. Child displays passive behaviour to avoid conflict or seems frightened of their parents and afraid to go home
- B. Child seems overly aggressive, violent, demanding or displaying abusive behaviour, may also exhibit dramatic mood changes
- C. Parents seem extremely overprotective of their child
- D. All of the above

7. Which of the following statement accurately portrays statistics related to child abuse and neglect ?

- A. Prevalence of child abuse and neglect in India is between 62% and 68%
- B. More than 50% of child abuse and neglect lesions are on the Head, Face and Neck
- C. Injury to the lip is quite common
- D. All of the above

- 8. External trauma associated with abuse may include**
- A. Facial bruising, Lacerations, Scratches
 - B. Bruises on the overlying soft tissues that are not directly supported by bone, such as cheeks (below the zygoma), lips, neck, Inner thighs, inner aspect of the upper arm
 - C. Both of the above
 - D. None of the above
- 9. When suspicion of child abuse is present, a thorough examination of which of following is needed ?**
- A. Lips, Palate, Floor of the mouth, Labial frenum, Tongue, Oral mucosa
 - B. Teeth and Radiographs
 - C. Edentulous ridges (In case of edentulous child)
 - D. All of the above
- 10. A report of child abuse should contain which of the following information ?**
- A. Name, Age and Address of the child and the child's parents or other persons believed to be responsible for the child's care
 - B. Nature and Extent of the child's injuries, including any evidence of previous injuries (Size, Shape, Number, Colour, Location of the lesion and radiographic interpretation (if applicable) of the injury)
 - C. The identity of the person or persons responsible for the abuse or neglect to the child, if known
 - D. Name, Age, Condition of the other children in the same household
- 11. The Union Ministry of Women and child development (MWCD) which has launched a "Childline service" (24 hour toll - free emergency service)in 1998-1999 to provide assistance to children in need of care and protection is**
- A. 1098
 - B. 100
 - C. 108
 - D. 1091
- 12. Dental professionals are required to report the suspected cases of child abuse and neglect, to which of the authority?**
- A. Police
 - B. Relevant person within child's organisation who will then have to report it to the police
 - C. Non Governmental Organisations(NGO's) in the nearest locality
 - D. Any of the above
- 13. Previous studies revealed that dental professionals usually won't report child abuse cases. What would be the reason for this ?**
- A. Lack of awareness of legal responsibilities and reporting procedures
 - B. Lack of training in identifying characteristics of children who are victims of child abuse and neglect
 - C. Fear of detrimental effects on the individuals practice
 - D. Reluctance to interfere in the parent child relationship
- 14. Which of the following would be useful for the dental professionals to overcome the above shortcomings ?**
- A. CDE programmes to learn about India's Juvenile justice and child protection systems
 - B. Mandatory training regarding examining and careful handling of abused patients.
 - C. Enactment of laws to protect dental professionals who report the child abuse and neglect cases
 - D. Mandatory training about reporting norms and rehabilitation programs once they encounter an abuse case