

## Original Article

# ASSESS THE KNOWLEDGE, ATTITUDES, AND CLINICAL PRACTICES OF DENTAL GRADUATES FROM DIFFERENT DENTAL SCHOOLS ACROSS PAKISTAN REGARDING THE IDENTIFICATION, MANAGEMENT, AND REPORTING OF CHILD ABUSE

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## ABSTRACT

**Objectives:** This study aims to assess the knowledge, attitude, and practice of the dental graduates of different universities of Pakistan, regarding the identification, management, and reporting of child abuse.

**Materials and Methods:** A cross-sectional study was conducted on dental graduates from different colleges of Pakistan through an online questionnaire which was shared through focal persons nominated from their institutions. A total 204 participants filled the proforma, which was previously used in an internationally published study, containing different sections of knowledge, attitude and practices, that how they examine, diagnose, document, and report the child abuse cases during their clinical practices. Each section was marked and assessed by the individuals on their marks achieved. The data analysis was performed on R and R studio and Pearson's Chi-squared test/Fisher exact were applied.

**Results:** According to our study the knowledge level of participants regarding child abuse was generally low i.e. 80%, although dentists working in dental teaching hospitals had better knowledge as compared to dentists working in other settings. On the other hand, the attitude towards neglect and abuse among participants of the study was generally positive (91%). Reporting and documentation to the law enforcement agencies and concerned authorities was overall poor (94%). Our study also found no statistical significance between age/experience with knowledge regarding neglect and abuse ( $P$ -value  $>0.9$ ).

**Conclusion:** Dentist's knowledge was very low regarding child abuse identification, documentation and reporting to the concerned authorities. Dentists often don't report abuse and neglect cases.

**Key words:** Child abuse, CAN, Dental neglect, Dental graduates, Diagnosis Documentation, knowledge

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## INTRODUCTION

Child abuse and health neglect cases are reporting throughout the world at alarming rate, without any discrimination of ethnicity, Socioeconomic status, and religion. Now a days violence or child abuse is a big threat to children's health and basic human

rights. Normally they approached the Physicians but a Practicing General Dentist<sup>1</sup> can easily detect inflicted injuries of the face and mouth (e.g., slap marks, Pinched Ears, or bite Marks). Sometimes the size of the offense may be fatal for the children without any discrimination of economic status, education level, ethnicity, and religion of the caregivers<sup>2</sup>. Child abuse is defined as “any situation that threatens or harm a child, or any Physical, sexual, emotional, or psychological traumas are considered child abuse”<sup>3</sup>. Child abuse includes Physical abuse, Sexual abuse, Failure to thrive, Munchausen syndrome by Proxy, international drugging, and Health care Neglect<sup>4</sup>.

In majority cases of Child abuse and Neglect cranio-facial region is mostly involved<sup>5</sup>. Oral cavities are a common site of Physical abuse, because of their importance in Nutrition and communication<sup>6</sup>. Injuries to oral cavities are usually inflicted, by feeding bottles, cups, spoon/fork during forced feeding by the caregivers. Lips are the most common site of oral injuries (54%), followed by oral mucosa, gingivae, and tongue<sup>7</sup>. Whereas Oral cavity is a frequent site of sexual abuse in children<sup>8</sup>. In child abuse case injuries to the oral region may cause contusion, burns or laceration of the tongue, lips buccal mucosa, palate (soft and hard), gingiva frenum, and trauma to the dental tissues and jaw bones<sup>9</sup>.

Globally the child abuse prevalence is almost one out of two children, or one billion children suffer, in some form of violence each year<sup>2</sup>. In US children, the prevalence of Confirmed child abuse cases up to the age of 18 years is about 12.5%. Even in the western society it is observed that children are mostly at risk for Physical and emotional abuse at home and highly at risk outside of home<sup>10</sup>. Therefore it is recommended that if dentist come across such cases of child abuses the dentists are responsible to diagnose, document, report and provide necessary treatment<sup>11,12</sup>. Sometimes dentist knowledge may be good, but mostly the dentists did not take any action about the suspecting cases of child abuse and neglect<sup>13,14</sup>. Iranian dentist had moderate level knowledge of child abuse, poor attitude, and moderate practice<sup>15</sup>. In a neighboring country the knowledge, attitude and Practice of the dentist was not up to the mark<sup>16,17</sup>. In our country last year, a total of 3852 children were sexually abused<sup>18</sup>, almost ten cases per day. This number is from the reported cases only, otherwise there may be a sizable number of Child

abuses case which do not want to come in limelight due to social stigmatization in the community.

Lack of proper guidelines and education of the dentist are the main barriers for not reporting to the concerned agencies<sup>19</sup>. After getting formal training, at undergraduate level or after graduation dentists appear to be more suspecting/diagnosing and referring the cases of child abuse and neglect to child protection Centre<sup>20</sup>. Therefore adequate knowledge is required from all members of the dental team regarding different types of abuse, even in the very developed countries<sup>21</sup>. A multidisciplinary approach of different organizations of the state needs coordination to overcome this menace of child abuse from the society<sup>22</sup>.

This study aims to assess the knowledge, attitude, and practice of the dental graduates of different universities of Pakistan, regarding child abuse and neglect.

## MATERIALS AND METHODS

This study is a cross-sectional investigation conducted from 1st January 2023 to 30th March 2023. An online questionnaire, previously used in a study, data published<sup>23</sup>, was distributed to the study participants with minor modifications.

Formal ethical approval was obtained from the Ethical review board of Khyber college of dentistry vide no151/ADR/KCD, Dated 28/11/2022.

A total of 204 participants (fresh dental graduates, postgraduate residents and faculty) sample size were recruited from different dental colleges on the basis of convenient sampling techniques. Through an online survey form. Based on voluntarily participation who agreed to Participate by signing an electronic informed consent form (Mandatory) attached with this online questionnaire were included. The questionnaire was already used<sup>23</sup>, but partial modification incorporated according to the regional social cultural, and religious environment. The link was shared with the focal persons of different dental schools, who managed sharing with the relevant participants and ensure that participant had fulfilled the online proforma.

The questionnaire consisted of five Parts. Part 1 is a mandatory consent form and part 2 had six items consisting of Demographic information, educational and earlier training on Child abuse. Part 3 consisted

of twenty-one questions related to the assessment of child abuse knowledge, identification of signs and symptoms and management strategies. Part 3 was scored from 0 to 21, 1 mark for each question and were converted into Percentage. The total score achieved for each section was further ranked into three groups, i.e., <33% as poor, 33-66% moderate and above 66% was considered as Good. Part 4 was dedicated to cover attitude of the dentists including of six questions while Part 5 having five questions was supposed to judge the skills of the dentists to provide efficient dental treatment and reporting of child abuse cases to the child protection authority.

The data analysis was performed on R and R studio and Pearson's Chi-squared test/Fisher exact were applied.

## RESULT

A total of 204 participants took part in this

study from different colleges of Pakistan. The total response of the participants knowledge, attitude and practice, working in different places like public teaching hospitals (where a higher number of patients are treated as compare to the private teaching hospitals and clinics), private teaching hospital, private clinics and district headquarter hospitals with their clinical experience are shown in Fig.1. The

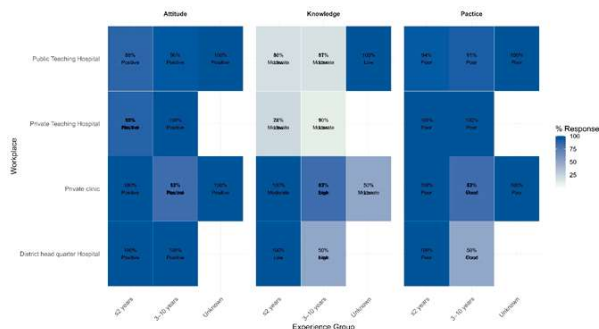


Fig 1: Heat-map of Knowledge, Attitude and Practice by experience and work place

Table 1: Knowledge vs Other Variables

Characteristic	High N = 5 <sup>1</sup>	Low N = 163 <sup>1</sup>	Moderate N = 36 <sup>1</sup>	p-value <sup>2</sup>
<b>Age group</b>				
20–30	4 (80%)	125 (77%)	29 (81%)	>0.9
31–40	0 (0%)	7 (4.3%)	2 (5.6%)	
41+	0 (0%)	4 (2.5%)	0 (0%)	
Prefer not to say	1 (20%)	27 (17%)	5 (14%)	
<b>Gender</b>				
Female	3 (60%)	97 (60%)	21 (58%)	>0.9
Male	2 (40%)	65 (40%)	15 (42%)	
Prefer not to say	0 (0%)	1 (0.6%)	0 (0%)	
<b>Experience</b>				
≤2 years	2 (40%)	108 (66%)	26 (72%)	0.5
3–10 years	3 (60%)	53 (33%)	9 (25%)	
Unknown	0 (0%)	2 (1.2%)	1 (2.8%)	
<b>Province</b>				
Baluchistan	0 (0%)	1 (0.6%)	0 (0%)	0.003
Khyber Pakhtunkhwa	3 (60%)	143 (88%)	32 (89%)	
Punjab	1 (20%)	18 (11%)	4 (11%)	
Sindh	1 (20%)	1 (0.6%)	0 (0%)	
<b>Work place</b>				
District head quarter Hospital	1 (20%)	2 (1.2%)	0 (0%)	0.012
Private clinic	1 (20%)	6 (3.7%)	2 (5.6%)	
Private Teaching Hospital	0 (0%)	16 (9.8%)	3 (8.3%)	
Public Teaching Hospital	3 (60%)	139 (85%)	31 (86%)	
<b>Title</b>				
Assistant Professor	0 (0%)	7 (4.3%)	1 (2.8%)	0.7
Demonstrator	0 (0%)	4 (2.5%)	0 (0%)	
House officer	4 (80%)	145 (89%)	33 (92%)	

participant working in teaching hospital have had moderate level of knowledge than the people working in the district. The attitude of the participant was positive (88%) and (96%) in the participants working in teaching hospitals having  $\leq 02$  years, and 3-10 years of experience respectively. The level of practice was poor regarding child abuse cases documentation, reporting to the child protection bureau, amongst all groups and specially the fresh graduates whose experience was  $< 2$  years working in the teaching hospitals Fig.1.

The knowledge level of the participants was low = 163 (80%), Moderate 36(18%) and High 5(2.5%) table 1. It was also observed that attitude was positive = 185(91%), neutral = 13(6.4%) and negative

= 6(2.9%) Table.2

## DISCUSSION

Abuse and neglect is among the leading causes of children mortality and thus without a doubt it can leave a lifelong impact on a child’s mental and physical well-being<sup>3</sup>. A dentist plays a crucial role in identifying and recording injuries to the orofacial structures which are strongly linked to child abuse<sup>24</sup>. Literature around the globe confirms that dentists do not play their key role in reporting such incidences<sup>25</sup>.

According to our study the knowledge level of participants regarding child abuse was generally low i.e. 80%, although dentists working in dental teaching hospitals had better knowledge as compared to

**Table 2: Attitude vs Other Variables**

Characteristic	High N = 5 <sup>1</sup>	Low N = 163 <sup>1</sup>	Moderate N = 36 <sup>1</sup>	p-value <sup>2</sup>
<b>Age group</b>				
20–30	6 (100%)	10 (77%)	142 (77%)	>0.9
31–40	0 (0%)	1 (7.7%)	8 (4.3%)	
41+	0 (0%)	0 (0%)	4 (2.2%)	
Prefer not to say	0 (0%)	2 (15%)	31 (17%)	
<b>Gender</b>				
Female	3 (50%)	8 (62%)	110 (59%)	>0.9
Male	3 (50%)	5 (38%)	74 (40%)	
Prefer not to say	0 (0%)	0 (0%)	1 (0.5%)	
<b>Experience group</b>				
$\leq 2$ years	6 (100%)	10 (77%)	120 (65%)	0.4
3–10 years	0 (0%)	3 (23%)	62 (34%)	
Unknown	0 (0%)	0 (0%)	3 (1.6%)	
<b>Province</b>				
Baluchistan	0 (0%)	0 (0%)	1 (0.5%)	>0.9
Khyber Pakhtunkhwa	6 (100%)	11 (85%)	161 (87%)	
Punjab	0 (0%)	2 (15%)	21 (11%)	
Sind	0 (0%)	0 (0%)	2 (1.1%)	
<b>Workplace</b>				
District head quarter Hospital	0 (0%)	0 (0%)	3 (1.6%)	>0.9
Private clinic	0 (0%)	1 (7.7%)	8 (4.3%)	
Private Teaching Hospital	0 (0%)	1 (7.7%)	18 (9.7%)	
Public Teaching Hospital	6 (100%)	11 (85%)	156 (84%)	
<b>Title</b>				
Assistant Professor	0 (0%)	1 (7.7%)	7 (3.8%)	0.4
Demonstrator	0 (0%)	0 (0%)	4 (2.2%)	
House officer	6 (100%)	11 (85%)	165 (89%)	
Post Graduate Trainee	0 (0%)	0 (0%)	8 (4.3%)	
Professor	0 (0%)	1 (7.7%)	1 (0.5%)	

<sup>1</sup>n (%),<sup>2</sup>Pearson’s Chi-squared test/Fisher exact

**Table 3: Practice vs Other Variables**

Characteristic	Average N = 9 <sup>1</sup>	Good N = 4 <sup>1</sup>	Poor N = 191 <sup>1</sup>	p-value <sup>2</sup>
<b>Age group</b>				
20–30	5 (56%)	4 (100%)	149 (78%)	0.2
31–40	2 (22%)	0 (0%)	7 (3.7%)	
41+	0 (0%)	0 (0%)	4 (2.1%)	
Prefer not to say	2 (22%)	0 (0%)	31 (16%)	
<b>Gender</b>				
Female	8 (89%)	2 (50%)	111 (58%)	0.5
Male	1 (11%)	2 (50%)	79 (41%)	
Prefer not to say	0 (0%)	0 (0%)	1 (0.5%)	
<b>Experience group</b>				
≤2 years	6 (67%)	1 (25%)	129 (68%)	0.5
3–10 years	3 (33%)	3 (75%)	59 (31%)	
Unknown	0 (0%)	0 (0%)	3 (1.6%)	
<b>Province</b>				
Baluchistan	0 (0%)	0 (0%)	1 (0.5%)	<0.001
Khyber Pakhtunkhwa	6 (67%)	3 (75%)	169 (88%)	
Punjab	3 (33%)	0 (0%)	20 (10%)	
Sind	0 (0%)	1 (25%)	1 (0.5%)	
<b>Workplace</b>				
District head quarter Hospital	0 (0%)	1 (25%)	2 (1.0%)	0.001
Private clinic	0 (0%)	1 (25%)	8 (4.2%)	
Private Teaching Hospital	0 (0%)	0 (0%)	19 (9.9%)	
Public Teaching Hospital	9 (100%)	2 (50%)	162 (85%)	
<b>Title</b>				
Assistant Professor	1 (11%)	0 (0%)	7 (3.7%)	0.4
Demonstrator	0 (0%)	0 (0%)	4 (2.1%)	
House officer	7 (78%)	3 (75%)	172 (90%)	
Post Graduate Trainee	1 (11%)	1 (25%)	6 (3.1%)	
Professor	0 (0%)	0 (0%)	2 (1.0%)	

<sup>1</sup>n (%),<sup>2</sup>Pearson's Chi-squared test/Fisher exact

dentists working in other settings. On the other hand, the attitude towards neglect and abuse among participants of the study was generally positive (91%). Reporting and documentation to the law enforcement agencies and concerned authorities was overall poor (94%). Our study also found no statistical significance between age/experience with knowledge regarding neglect and abuse (P-value >0.9).

Dental practitioners might be the first responders in abuse cases, which place them in an ideal position to report abuse. Unfortunately, various investigations have revealed that dentists are reluctant to report such cases even in the presence of suspicions of maltreatment<sup>26</sup>. In our study, reporting of such incidences was overall significantly low (94%) which is similar

to findings in other studies around the globe<sup>27</sup>. This could be due to various reasons. The dentists might fear the repercussions that would result from the reporting of such cases. Pressure and fear from the family members, fear of false reporting and chances of further abuse on the child can also be one of the issues. This was the most cited barrier to referral in studies by Bodrumlu<sup>3</sup> Al-Dabaan<sup>28</sup> and Azizi<sup>29</sup>.

In our study the overall knowledge of the participants regarding neglect and abuse was low i.e. 80%, which is in contradiction to the findings of another study done by Sathiadas<sup>30</sup> in Sri Lanka who reported that the level of knowledge regarding children neglect and abuse is good among dental practitioners. This contradiction can be due to better theoretical and

practical training of Sri Lankan dentists as compared to the dentists of our locality.

A study conducted by Al-Ani and Raghad Hashim<sup>31</sup> in Hamburg Germany revealed that More than two-thirds (69.6%) responded positively when asked whether a dentist should be legally responsible to report cases of child abuse brought to their attention which is in accordance to our study (91%).

As a rule of thumb with increasing age and experience, one's understanding of their specific discipline also increases. However, in our study there was no correlation between experience/age with knowledge regarding children abuse and neglect. Our finding is in accordance to with another study done by Shruti Gupta<sup>32</sup> in India which also states that no significant difference was observed in mean knowledge, awareness and attitude score of participants with respect to work experience. This shows that without proper training and refresher courses, experience doesn't mean much.

According to a study done by Heuiwon Han<sup>33</sup> in New Zealand, dentists and medical healthcare providers working in public sector were more aware and had better knowledge about child abuse and neglect (55%), which is in accordance to our findings.

## CONCLUSION

Dentist's knowledge was very low regarding child abuse identification, documentation and reporting to the concerned authorities. Dentists often don't report abuse and neglect cases. Knowledge and training to identify abuse and neglect should be made mandatory in under-graduate and post-graduate training programs.

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**CONFLICT OF INTEREST**  
 Authors declare no conflict of interest.  
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#### AUTHORS’ CONTRIBUTION

The following authors have made substantial contributions to the manuscript as under:

Conception or Design:	SA, HSQ, OA, SL, FQ, SH
Acquisition, Analysis or Interpretation of Data:	SA, HSQ, OA, SL, FQ, SH
Manuscript Writing & Approval:	SA, HSQ, OA, SL, FQ, SH

All the authors agree to be accountable for all aspects of the work in ensuring that questions related to the accuracy or integrity of any part of the work are appropriately investigated and resolved.



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