

Child Abuse and Neglect: Knowledge, Perception and Experience of Dentist and Dental Undergraduate Students in Abha, Saudi Arabia

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ABSTRACT

Background: This study aims to assess the knowledge, perception and experience of CAN among dentist and dental undergraduate students in King Khalid University, Abha, Saudi Arabia.

Materials & Methods: A cross-sectional study will be carried out on a total number of 300 dental surgeons (Male=150; Female=150) was participated in the study with age ranges from 20- to 55-year-old to know the knowledge, perception and experience of CAN among dentist and dental undergraduate students in King Khalid University, Abha, Saudi Arabia. Written informed consent was obtained from the participants after explaining to them the purpose of the study. The sampling method included in the study is a simple random sampling method. A self-administered structured questionnaire was developed, and the data was collected. Both descriptive and analytical statistical measurements were done.

Results: The majority of participants, 189 (63%) were agreed to that children exposed to CAN will tell someone soon after the abuse. 285 (85%) agreed that Child maltreatment is primarily associated with the stresses of poverty and rarely occurs in middle or high-income families. When asked about the first action a physician should take if he/she suspects child maltreatment, majority of them 168 (56%) participants said that they will ask the child and parents about the sign/symptoms, 57 (19%) said they will document the signs/symptoms and will make suspicion note on child's file, 7% agreed to report to a legal authority.

Conclusions: Dentists' knowledge of the signs and social indicators of child abuse and neglect was satisfactory. Dentists should receive detailed education on CA/N in their undergraduate and postgraduate education.

Key words: Abuse, Attitude, Child abuse, Child abuse and neglect, Child maltreatment, Dentist, Knowledge

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INTRODUCTION

Child abuse and neglect (CAN) has emerged being a progressively critical issue which has medical, legal,

developmental, and psychosocial ramifications, complex causes, and tragic consequences [1]. Health Organization (WHO) has described child abuse as the intentional or unintentional behaviors of an adult that negatively affect a child's physical and psychosocial development [2]. CAN is classified into four types: neglect, and, sexual, and emotional abuse [3]. As per the data distributed by the National Family Safety Program, in 2016, the prevalence of child neglect in Saudi Arabia was 51.5%, physical has been 33.7%, sexual abuse was 27.4% and emotional abuse had been 16.8%. In accordance with National Family Program registry, the majority of cases of CAN

in Saudi Arabia are discovered in hospitals [4]. A cross sectional study was distributed on 400 Jordanian dental practitioners to assess their knowledge and attitudes toward CAN [5]. Interestingly, 42% have had academic teaching concerning this issue, and almost fifty percent of the participants suspected a CAN case in their medical center. Unfortunately, only 12% documented these cases. The main reason not to record was fear of parents' anger. A report was conducted by Al-Mahroos to present an overview of the problem and patterns of child abuse and neglect in the seven countries of the Arab Peninsula. It was concluded that children in the Arab Peninsula are subjected to all forms of child abuse and neglect. Child abuse was overlooked or may even be suffered and approved as a form of discipline; abused children keep on to suffer & most abusers go free of charge, unpunished, and untreated [6]. Due to an alarming increase in child abuse cases, reporting is ethical and legal obligation of health care professionals. Most typical signs of child abuse come in the orofacial region, hence, the dentists are very important professional to detect and report cases of child abuse. Lips are usually the most frequent site for inflicted injuries (54%) accompanied by the oral mucosa, teeth, gingiva, and tongue. Such abuse cases are usually first witnessed by dentist [7]. Lack of diagnosis and reporting of child maltreatment were considered the primary problems in stopping the maltreatment in around 75% of instances [8]. Reporting all cases of child maltreatment is essential in order to avoid further exposure, protect children and enhance coordination between legal, social solutions and medical. However, dentist's need preparation for the ethical and legal problems in situations of child maltreatment.

Therefore, the aim of the present study is to assess the knowledge, perception and experience of CAN among dentist and dental undergraduate students in King

Khalid University, Abha, Saudi Arabia.

MATERIALS AND METHODS

A cross-sectional study will be carried out on a total number of 300 dental surgeons (Male=150; Female=150) was participated in the study with age ranges from 20- to 55-year-old to know the knowledge, perception and experience of CAN among dentist and dental undergraduate students in King Khalid University, Abha, Saudi Arabia. Written informed consent was obtained from the participants after explaining to them the purpose of the study. The sampling method included in the study was a simple random sampling method. Ethical approval for performing the survey was obtained from the Institutional review board (IRB/KKUCOD/ETC/2021-22/048) of College of Dentistry King Khalid University.

The questions were designed and circulated through online google forms among Dentists and dental students in the Abha region of Saudi Arabia. The questionnaire was formulated, which comprised of two parts: The first portion included the questions related to the demographic information of participants, such as age, gender, year of experience, and level of education. The other part of the questionnaire comprised of 10 questions with 'yes' and 'no' pattern, and the multiple-choice question was prepared, and piloting will be done. Questionnaire was tested for reliability and validity.

A self-administered structured questionnaire originated and was tested among a comfort sample of 20 dental surgeons. These were interviewed to get feedback on the entire acceptability of the study when it comes to length and language clearness; in accordance with their feedback, the queries were corrected. Validity was

Table 1: Knowledge of dentists towards child abuse and neglect (CAN).

Questionnaire	Total (n)-300	%
Q1. Children who have been exposed to child maltreatment will usually tell someone soon after the abuse		
Yes	189	63%
No	111	37%
Q2. Child maltreatment is primarily associated with the stresses of poverty and rarely occurs in middle or high-income families		
Yes	285	95%
No	15	5%
Q3. The abuser in most cases is someone the child knows well from his/her surrounding environment		
Yes	267	89%
No	33	11%
Q4. First action a physician should take if he/she suspects child maltreatment.		
Ask the child and parents about the signs/symptoms you noticed	168	56%
Document the signs/symptoms and your suspicion on the child's file	57	19%
Monitor the case in following visits	30	10%
Report to a legal authority	21	7%
All correct answer	24	8%
Don't know	3	1%
Q5. Circumstances in which physicians should report cases of child maltreatment to an authority		
All circumstances even if child maltreatment is only suspected	123	41%
In severe cases of child maltreatment	54	18%
In cases where the physical violence to a child is repetitive	96	32%
Never	15	5%
Don't know	12	4%

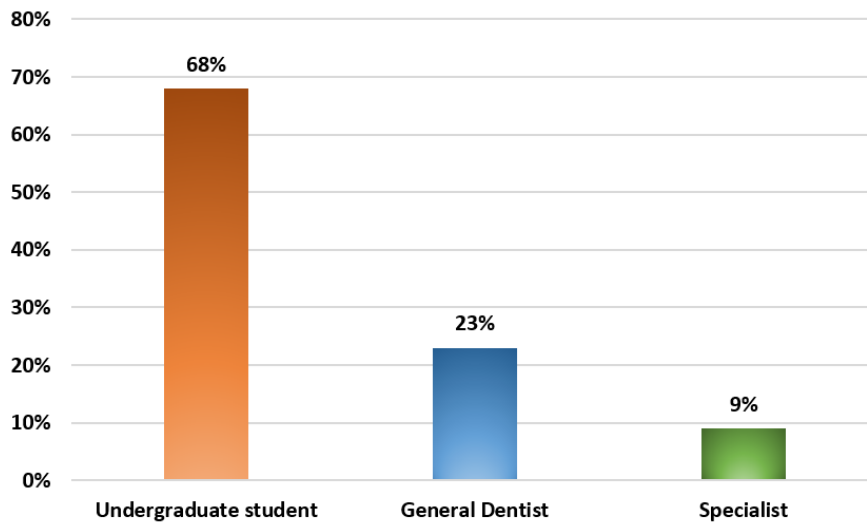


Figure 1: Distribution of study sample according to Level of education.

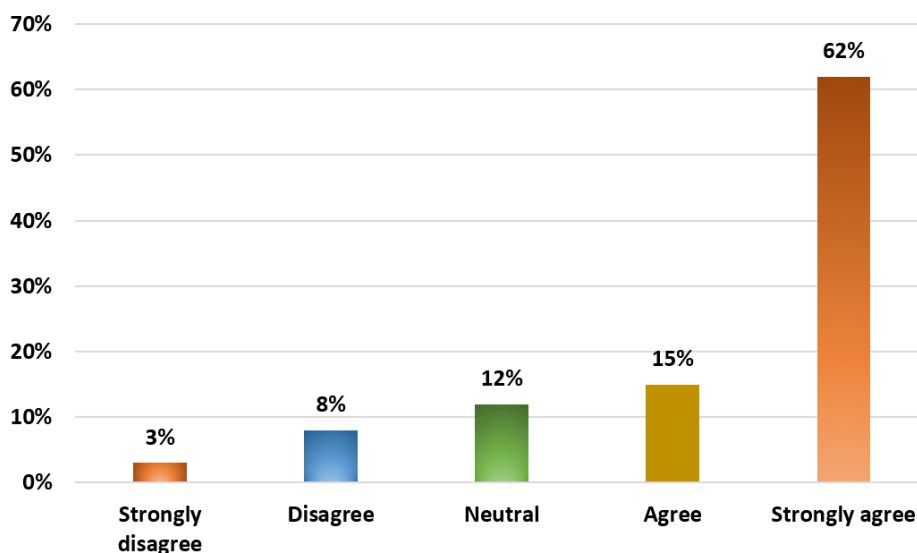


Figure 2: Dentist have an important role in detecting and reporting cases of child maltreatment.

furthermore assessed before the start of research. Both descriptive and analytical statistical dimensions were used to describe the primary variables by SPSS 18 (IBM Corporation, Armonk, NY, USA) software.

RESULTS

A total of 300 (150 males and 150 females) dental students, general dentists, and specialists responded to the questionnaire. 82% of study subjects were of 20-30 years, 8% were of 31-40 years, 9% were of 41-50 years, and 1% were >50 years. The distribution of study samples according to a level of education was shown in Figure 1. Knowledge and attitude among dentists towards regenerative endodontics were shown in Table 1. The majority of participants, 189 (63%) were agreed to that children exposed to CAN will tell someone soon after the abuse. 285 (85%) agreed that Child maltreatment is primarily associated with the stresses of poverty and rarely occurs in middle or high-income families. When asked about the first action a physician should take if

he/she suspects child maltreatment, majority of them 168 (56%) participants said that they will ask the child and parents about the sign/symptoms, 57 (19%) said they will document the signs/symptoms and will make suspicion note on child’s file, 7% agreed to report to a legal authority. Nearly, half of the participants 41% agreed that in all circumstances dentists should report cases of child maltreatment to the authority, 18% said the only in severe cases of child maltreatment, and 32% only in cases where the physical violence to the child is repetitive. When question was asked regarding Dentist have an important role in detecting and reporting cases of child maltreatment, 77% of the participants agreed to this statement and which is shown in Figure 2. Majority of the participants 92% agreed that child abuse will be an indicator when the history is vague and differs every time the parent tells.

DISCUSSION

The current study was executed to assess the knowledge,

perceptions, and practice associated with dentists in figuring out and reporting circumstances of child abuse and neglect as part of an attempt to propose in addition to plan future plans and policies with regard to dental undergraduates. Regarding information about child physical mistreatment, participants in the present review correctly identified the particular signs and symptoms of it. Dental practitioner has an important role inside detecting and revealing cases of child maltreatment, 77% of the individuals agreed that they will recognize and report the truth of CAN. similar results were published by simply Habib (2012) throughout a report involving the information of pediatricians within Saudi Arabia regarding CAN [9]. Inside a report of dental surgeons in Jordan, 97% of both basic dental practitioners (GDPs) and even specialists were able to recognize physical abuse, 92% identified sexual maltreatment, and 84% determined emotional misuse together with neglect as kinds of child maltreatment [10]. In arrangement with as research in France [11], we identified a significant association in between reporting child maltreatment cases and physician's age and teaching. Most of our members (63 %) mentioned they had no very clear procedures to follow or perhaps were unaware of typically the available services whenever they suspected a case of child maltreatment. Similar results have been reported in research in Turkey wherever 88% of the homeowner physicians and 78% of the experienced doctors considered they acquired inadequate knowledge of the skills available to deal with child maltreatment [12]. Improvement in coverage can only be expected any time dentists are aware of their very own legal mandate plus the proper procedures regarding reporting. Low socioeconomic background, large households, and lack of funds are also causes of postpone or absence inside seeking medical care for your child, which may be caused by the child neglect. According to Integrated Child Security Scheme, kid security is about keeping youngsters safe from any hazards and risks with their lives during years as a child. Among the Saudi examine, which reported of which 61.3% regarding dental and 53.9% of health care participants had prior training for CAN [13]. Our results details are also slightly less than Indian research, that discovered that 49% of dental residents are formal trained in distinguishing child abuse [14]. This disparity may be because of cross-cultural differences and the undeniable fact that our study seemed to be conducted all over Saudi, which include many healthcare and dental function that teach diverse curricula.

Knowledge of factors which elevate the risk of CAN was initially found to be poor in line with the questionnaires delivered. This result focuses on the necessity for a far better understanding of the instrumental elements that can raise the risk of CAN. These kinds of topics could be included into a training curriculum intended for dentists in Saudi Arabia. Moreover, such details are vital for dentist to get a comprehensive knowledge of the different aspects of child security and to become much better able to detect suspicious cases of CAN. In a study

done in Jordan, over fifty percent of the dentists selected (57%) reported that may occurred mostly throughout low socio-economic homes, rather than in midsection or high socio-economic classes [15]. Correspondingly, 64% in the current respondents presented that may was more usual in reduced socio-economic classes, and 32% disagreed with the assertion that may occurs in method to high socio-economic classes.

Regarding indicators of child neglect, the majority of the participants (73%) indicated that bruises on the soft tissues of the cheek in addition to neck were indications of child abuse. Related findings were through Owais et 's. [10] for dentists within Jordan. For injuries on a toddler's your forehead, 68% of participants considered this a great indicator of child abuse. It is important to stress on to educate children from schools, and by his or her family members about correct or inappropriate touch on the body. Initiatives should be made by moms and dads and school teachers to be able to end up being friendly together with children so that once they ever become target of physical mistreatment, they do not hesitate posting about it with their loved ones or school teachers. Most frequent type of injuries contain head, neck, and even face regions; consequently, the dentists play an important role to distinguish and report these kinds of cases [16]. Therefore, it is extremely necessary for dental and doctors to be equipped with the data needed to determine whether injury is usually accidental nature or because of abusive behavior in the direction of the child. When suspecting a case of CAN, a proper documentation together with investigation to be made by the guardian's examination. To obtain evidence to get child protection processes, X-rays and picture taking evidence should be attained with consent through the caregiver. A special form for recording findings related to suspected conditions of CAN also needs to be obtainable in clinical setup. Accordingly, dental offices should be trained in typically the handling of these kinds of cases and in the particular completing of these children. Reports should be built to local protective providers or law enforcement firms, or through the National Child Abuse helpline, and really should include the name, age, and deal with of the kid, the type and extent involving their injury, the individual believed to be responsible for typically the abuse or neglect, and any proof of previous abuse or perhaps neglect. Although child safety protocols usually are vigilant by the federal government, this study provides identified a definite have to address the main subject of ignorance regarding the right specialist to report CAN case in dental practices.

CONCLUSION

In summary, dentists' knowledge of typically the signs and social indicators of child maltreatment was satisfactory. Nearly all of participants wished to enhance their knowledge on child maltreatment. Dentists might need clinical training and education sessions to boost their ability to medical diagnosis and report situations of CAN and in addition to clear procedures to assist them

in doing so. Increased coverage with this topic in dental undergraduate curricula is incredibly crucial strategy for increasing information and behaviors among dentists. The principal issue with recognizing and even preventing child mistreatment and neglect is usually complex and multifactorial, increasing education between dentists were advised. The magnitude in this issue is bigger than believed. Increasing awareness about warning signs involving abuse and training health care workers, especially dental doctors, about diagnosis and reporting cases associated with suspected abuse, would certainly empower them to enjoy a dynamic role in the prevention of child abuse and the security of vulnerable children.

CONFLICTS OF INTEREST

The authors declare that there is 'no conflict of interest' regarding the publication of this article.

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