



Detection and Reporting of Child Abuse and Neglect: A Survey Amongst Pediatric Dental Care Providers in the United States

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Introduction

- The goal of Child Protective Services (CPS) is to provide services to children and families with the goal to not only preserve families, but to protect and prevent continual maltreatment towards children.¹
- CPS for child abuse and neglect investigated over 3.1 million children who were victims in 2019 and 2020.²
- Studies have shown that oral or facial trauma occurs in about 50% of physically abused children.³
- Furthermore, child neglect is the most common type of maltreatment in the United States, and it often occurs with physical abuse.⁴
- Places dental professionals in a unique position to identify victims of child maltreatment
- Dentists' responsibilities for child abuse and neglect include knowledge in recognizing, documentation, treating, and reporting suspected cases
- The purpose of this study is to survey pediatric dental care providers in the United States to evaluate their knowledge in the detection and reporting of child abuse and neglect (CAN).



Case #1
Presentation of Physical Abuse



Case #2
Presentation of Neglect

Methods

Data Collection:

- Cross-sectional survey based research granted exempt status from the VCU IRB
- Email invites were sent to lists of licensed dentists (orthodontists and pediatric dentists) in the United States through the American Academy of Pediatric Dentistry (AAPD) and the American Association of Orthodontists (AAO)
- Letters of invitations were sent to the members through email along with the link to the survey
- Completion or return of the survey was considered as the participant's consent to participate
- The survey was administered through Research Electronic Data Capture (REDCap) hosted on the VCU servers

- There are approximately 6700 members of the AAPD registry
- AAO allows for sending the survey link to a maximum of 2300 members
- Survey sent to all the members and allow them the opportunity to forward the survey to their dental hygienists in their practice.
- Inclusion: Licensed pediatric dentists, orthodontists and dental providers in The United States of America were included in the survey. These were obtained through the AAPD and the AAO respectively.
- Exclusion: Providers that do not treat children were excluded from the study.
- This was accomplished by having the first question of the study be: Do you treat patients 0-18 years old? If they answered no, the survey automatically ended.

Statistical analysis: Responses were summarized using descriptive statistics (counts, percentages). Associations between self-reported encounters with suspected child abuse and neglect with various provider demographics were assessed using logistic regression. Variables significant in the bivariate analyses were considered for an overall adjusted multiple logistic regression model. Significance level was set at 0.05.

Results

	Adjusted Odds Ratio	95% CI	P-value
Provider Type			
Primary Dental Care	3.74	1.99-7.02	<0.0001
Orthodontics	Reference		
Community			
Rural	2.04	1.14-3.64	0.0163
Urban	Reference		
Medicaid Patient Population			
10% or More	2.42	1.48-3.97	0.0005
Less than 10%	Reference		

Table 1: Adjusted Model of Encounters with Suspected Abuse And Neglect

A total of 440 respondents participated in the survey. The final sample size was 388 after removing those who indicated they do not treat children. There were 236 respondents (86%) who indicated they had reported a suspected incident of CAN. Most correctly identified that dentists in their state are required by law to report both child abuse and neglect (n=309, 80%). However, most were unsure of the consequences of not reporting suspected cases of CAN (n=281, 72%). More than one third of respondents were unsure if dentists are granted immunity from liability for reporting suspected CAN in good faith (n=141, 36%), and most improperly defined failure to seek treatment for visually rampant untreated dental caries as neglect (n=276, 71%), despite the AAPD definition. In the adjusted model, (Table 1) primary dental providers were 3.7 times as likely to report having encountered a suspected instance of CAN than orthodontists. Those who practice in rural settings were 2 times more likely. Those whose patient population composed more than 10% Medicaid coverage were 2.4 times as likely to report encountering suspected CAN.

Discussion

71% would define failure to seek treatment for visually rampant untreated dental caries to be neglect, despite the AAPD definition indicating it must be "willful". If most dental professionals are recognizing any visual rampant decay as pure neglect the issue of overreporting may arise. Despite this, 87% of dental professionals did report receiving training on how to recognize CAN from various sources; moreover, 77% indicated they felt the training was sufficient with self-reported encounters with suspected CAN.

The majority (78%) reported no perceived increase in CAN prevalence with the onset of the COVID-19 Pandemic. If providers are seeing less patients since the COVID-19 pandemic this could impacted the amount of suspected cases of CAN.

One of the limitations of this study was a low number of orthodontists who completed the survey (15%). May be due to lack of interest as orthodontists may perceive that they might not encounter CAN as often in their practice. Results show that providers are fairly knowledgeable in terms of CAN; however, the data also reveals that providers do not report when suspected of CAN. Further studies should focus on other specialties within dentistry to understand their knowledge on CAN. This reinforces the need for continuing education or include necessary training during residency programs

Conclusion

- Pediatric dentists, orthodontists, and other providers of pediatric dental care in the United States do not have the adequate training to detect and report child abuse and neglect
- Dental professionals feel they have received sufficient training for recognizing abuse and neglect, yet a quarter of respondents still suspected abuse but did not report
- Further research is necessary to better understand what can be done so dental professionals feel more comfortable managing and reporting suspected cases of CAN

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