



Perceptions associated with dentists' decisions to report hypothetical cases of child maltreatment

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Abstract

The purpose of this study was to examine case-specific perceptions associated with dentists' decisions to report hypothetical cases suggestive of child maltreatment. Surveys were mailed to 500 general dentists (GDs) in Georgia and all 200 pediatric dentists (PDs) in Georgia and Florida. The GDs were chosen from a pool of 1500 by a stratified randomization scheme. Each survey contained two brief vignettes suggestive of, but not conclusive for, child neglect and abuse. Identical questions followed each vignette that were designed to assess five perceptions of the incident and whether the respondent would be likely to report the case. Responses were received from 185 GDs (37%) and 103 PDs (51.5%), for a total of 288 (41.1%). A majority of respondents considered each vignette to be serious, but only a minority believed that they were required to report the neglect (7.3%) and the abuse (33.7%) vignettes. The percentages of likely reporters of the neglect (n=28) and abuse (n=103) vignettes were 9.7 and 36%, respectively. No significant differences were noted in the response patterns of GDs and PDs. Decisions to report child maltreatment described in the vignettes were associated with perceptions of 1) the seriousness of the incident, 2) the incident being defined as neglect or abuse, and 3) a requirement to report. The possibility that a maltreatment report would have a negative impact on the child was associated with a decision not to report. The perception that a report would have a negative impact on the family was common among likely reporters and nonreporters. (Pediatr Dent 19:461-65, 1997)

Abuse and neglect of children have been documented in many of the world's societies dating back to the practice of infanticide among early Greeks and Romans.¹ It was not until 1874 that laws preventing cruelty to animals were used to protect "Mary Ellen," a child in New York City whose parents abused her.² Throughout the years, child abuse generally went unrecognized (or unreported) until 1962 when Kempe et al.³ coined the term "battered child syndrome" to describe children presenting with numerous unexplained bruises, fractures, and head injuries.

A generally accepted definition of child abuse is nonaccidental injury or trauma inflicted on a minor by a parent or other caretaker.⁴ The American Academy of Pediatric Dentistry defines dental neglect as the willful failure of a parent or guardian to seek and follow through with necessary treatment to ensure a level of oral health essential for adequate function and freedom from pain and infection.⁵

The first documented evidence of dentists failing to report child maltreatment was reported in 1967 by the American Dental Association, which stated that of the 416 reported cases of child abuse in New York State, none was reported by a dentist.⁶ Becker further documented the lack of knowledge of dentists in this area and the subsequent lack of reporting.⁷ Unfortunately, the trend continues, despite the fact that all states have laws regarding the reporting of child maltreatment, and that dentists are mandated reporters of abuse in all 50 states.⁸ In addition, continuing education in child maltreatment is required for renewal of dental licenses in several states. Sanger, in 1984, studied 246 pediatric dentists, a group he believed to be more likely than other dentists to see victims of child abuse. Only 9% had ever filed a report, although almost 90% were aware of the problem.⁹

An investigation by Zellman in 1990 examined whether reporting decisions by professionals could be described by a coherent process that was consistent across incidents of suspected abuse.¹⁰ A national sample of mandated reporters was surveyed using case vignettes of suspected physical and sexual abuse. Zellman examined the relationships between a series of judgments about the cases and the respondents' reporting intentions. The judgments included seriousness of the incident, whether the incident should be labeled "abuse" or "neglect", whether the law would mandate a report, and the effects a report might have on the child and the child's family. The study found that the perceived seriousness of the incident, the maltreatment label, and the law's requirements were highly related to the decision to report. The Zellman survey did not include dentists among its sample of mandated reporters.

Brodersen et al.¹¹ surveyed GDs and PDs regarding dental neglect. They presented three vignettes of varying degrees of possible neglect. The majority of respondents considered the vignettes serious, but would not report them without added information. Their study provided little evidence that dentists would report child neglect.

The purpose of our survey was to examine case-specific perceptions associated with dentists' decisions to report hypothetical cases suspicious, but not conclusive, for potential child maltreatment.

Materials and Methods

This study was approved by the Human Assurance Committee of the Medical College of Georgia. A survey was developed and pretested by 30 dentists with varied backgrounds. All pretest respondents completed the questionnaires and a second instrument designed to gain their suggestions for improvement. The survey was revised on the basis of their recommendations. The final survey consisted of a brief set of instructions to the respondent, two vignettes with associated questions, and a section of demographic data.

The vignettes were brief descriptions of hypothetical clinical situations (Table 1). The first described a child who requires restorative treatment and who has failed a third consecutive appointment. The parent is aware of the treatment needs, which will be paid for by a third-party carrier. There are no other barriers to care. This situation is consistent with neglect. In the second vignette, a child presents for emergency treatment of oral trauma. The signs of trauma are consistent with a slap to the face, but the parent reports that the trauma resulted from a playground accident. The child declines to offer details about the "accident." The findings are consistent with physical abuse.

An identical series of questions followed each vignette. They were designed to assess:

- the perceived seriousness of the incident
- the judgment of whether the vignette describes maltreatment (abuse/neglect)
- the respondent's understanding of state laws regarding the obligation to report suspected maltreatment
- the potential impact that a report would have on the child
- and on the child's family
- the likelihood of the respondent's reporting the case.

Responses were marked on a five-point ordinal scale: definitely not, probably not, not sure, probably yes, and definitely yes.

Surveys were mailed to 500 GDs selected from the roster of members of the Georgia Dental Association (approximately 1500 members). At least one dentist from each zip code was randomly selected. Proportional representation was randomly obtained from zip codes containing more than one GD. Surveys were also mailed to all 200 members of the American Academy of Pediatric Dentistry in the states of Georgia and Florida.

Responses to the vignettes and demographic questions were coded and recorded in a computer database for analysis. To simplify the relationships between variables, we dichotomized the five possible responses to the vignette questions into *yes* (probably yes, definitely yes) and *no* (not sure, probably not, definitely not) categories. Relationships were then examined by two-tailed Fisher's exact tests for 2x2 tables.

Results

A total of 288 completed surveys were returned for

TABLE 1. VIGNETTES PRESENTED IN SURVEY

<i>Vignette 1</i> Hypothetical neglect	A six-year-old child, a new patient in your practice, requires several visits for restorative care. The treatment will be paid for by a third-party carrier. The parent has broken (failed without prior notice) the last two appointments, and is now 30 minutes late for the current visit.
<i>Vignette 2</i> Hypothetical abuse	A 7-year-old patient presents on an emergency visit with a red, swollen, left cheek, torn maxillary frenum, and loosened maxillary left incisors. When interviewed separately, the parent states that the trauma was sustained in a playground accident earlier in the day. The child declines to offer details about the accident.

Questions following each vignette:

- A. Based on the information provided in this vignette, do you consider this a serious incident?
- B. In your professional judgment, does the incident constitute abuse?
- C. Do your state's laws require you to report this case to your Child Protective Services (or equivalent agency)?
- D. In your judgment, would a report of child maltreatment have a negative impact on the child in this vignette?
- E. In your judgment, would a report of child maltreatment have a negative impact on the rest of the family in this vignette?
- F. Would you be likely to report this case to Child Protective Services (or equivalent agency)?

TABLE 2. PERCENTAGE OF YES RESPONSES (DEFINITELY YES, PROBABLY YES) TO QUESTIONS REGARDING VIGNETTES

Question	Neglect Vignette			Abuse Vignette		
	All Respondents	General Dentists	Pediatric Dentists	All Respondents	General Dentists	Pediatric Dentists
A	72.6	71.9	73.8	69.8	72.9	64.1
B	57.6	57.8	57.3	31.3	33.6	27.2
C	7.3	4.8	11.6	33.7	33.2	35.0
D	51.4	54.6	45.6	55.9	57.4	53.4
E	70.8	71.2	69.9	74.8	74.9	74.7
F	9.7	8.7	11.6	36.0	38.2	32.0

No statistically significant differences were found in the distribution of yes responses among generalists and specialists.

KEY

- A = Is this considered a serious incident?
- B = Does this incident constitute neglect/abuse?
- C = Required to report?
- D = Would report have a negative impact on child?
- E = Would report have a negative impact on family?
- F = Would you be likely to report this incident?

TABLE 3. PERCENTAGES OF LIKELY REPORTERS AND NONREPORTERS WHO ANSWERED YES TO QUESTIONS A-E

Question	Likelihood of Reporting			
	Neglect Vignette*		Abuse Vignette†	
	Likely (N=28)	Not Likely (N=259)	Likely (N=103)	Not Likely (N=183)
A Serious?	96.4	69.9	96.1	54.6
B Defined as... ?	100.0	53.3	70.1	9.2
C Required to report?	35.7	4.2	78.6	8.6
D Negative impact on child?	28.5	54.1	44.7	61.6
E Negative impact on family?	75.0	70.3	74.8	74.1

* One missing value—respondent did not answer all questions about neglect vignette

† Two missing values—respondents did not answer all questions about abuse vignette

an overall response rate of 41.1%. We received 185 from GDs (37% response rate) and 103 from PDs (51.5% response rate). Nineteen GD respondents were female (10.3%), as were 22 PD respondents (21.4%).

Table 2 illustrates the percentages of yes (probably yes, definitely yes) responses from all respondents to the six questions following the neglect and abuse vignettes. More than two-thirds of the dentists considered each vignette to be serious. A slight majority of respondents defined the first vignette as neglect, while fewer than one-third considered the second vignette to be indicative of abuse. Very few respondents believed they were required by law to report the neglect vignette, and only one-third believed they were required to report the abuse case. About half of the dentists believed that a maltreatment report of either type would have a negative impact on the child, while more than 70% believed that such reports would have a negative impact on

the family. Fewer than 10% of the dentists indicated that they would report the neglect case, and only 36% indicated that they would be likely to report the abuse case.

Table 2 also compares the responses of the GDs and PDs to the questions following the neglect and abuse vignettes. The number of dentists who were likely to report the neglect vignette was 28 (16 GDs, 12 PDs). The number of likely reporters of abuse was 103 (70 GDs, 33 PDs). No statistically significant differences were seen in the distributions of responses from generalists and specialists. PDs were twice as likely to state that they were required to report the neglect vignette (question C), but the percentages were small.

Table 3 illustrates the percentages of likely reporters and nonreporters who answered yes to questions A-E. For the neglect vignette, a high percentage of likely reporters considered the vignette to be serious, and all defined it as neglect. Slightly more than one-third of likely reporters

felt required to report, compared to only 4.2% of those who were not likely to report. A majority of nonreporters believed that a neglect report would have a negative impact on the child. More than 70% of likely reporters and nonreporters believed that a neglect report would have a negative impact on the family.

High percentages of likely reporters of abuse considered the incident serious, defined it as abuse, and felt required to report. A majority of nonreporters believed that a report would have a negative impact on the child. About three-quarters of likely reporters and nonreporters believed that an abuse report would have a negative impact on the family.

Factors were considered associated with report decisions if the difference in the percentage of yes responses between likely reporters and nonreporters exceeded 10%. Using that criterion, the factors associated with a decision to report the neglect and the abuse vignettes were: 1) a perception of the incident as serious,

2) defining the incident as maltreatment, and 3) a perceived obligation to report. The factor associated with decisions not to report the neglect and abuse vignettes was a perception that the report would have a negative impact on the child.

Discussion

Only a minority of dentists who responded to this survey indicated that they would be likely to report the potential cases of child maltreatment described in the vignettes, even though larger percentages considered both vignettes to represent serious situations. It is reasonable to assume that fewer dentists would actually report such cases in their own offices. On the other hand, similar events with real patients would give the dentist an opportunity to gain more information than was presented in the vignettes. This additional information might prompt a report. Neither of our vignettes offered proof of child maltreatment, but the survey pretesters were in general agreement that the situations described should raise suspicions of neglect and abuse. Apparently, some of the respondents wished to have more conclusive evidence of maltreatment, given that about 70% of respondents considered the vignettes to be serious, but only 57% and 30% defined them as neglect and abuse, respectively.

As might be expected, respondents were more likely to report abuse than neglect. Brodersen et al.¹¹ developed a survey presenting three vignettes of varying degrees of possible neglect. The majority of respondents considered the vignettes serious, but would not report them without additional information. Their study indicated that few dentists would be likely to report neglect. Our findings also agree with Zellman's¹⁰ observations that professionals are more likely to believe that the law requires a report in cases of suspected abuse. She also found that the likelihood of reporting neglect was less influenced by what the law was perceived to require, and was more affected by judgments of seriousness. Similarly, we found that only 34.5% of the dentists who were likely to report neglect believed they were required to report, while 97% of likely reporters thought the incident was serious. The factors that were strongly related to a decision to report neglect were perceived seriousness, a definition of the case as neglect, and a perceived requirement to report. The belief that a neglect report would have a negative impact on the child was related to the decision not to report. Similar large majorities of likely reporters and nonreporters agreed that a neglect report would have a negative impact on the family. It appeared that while the impact of a report on the family is a concern, this factor is not related to a decision on reporting.

The same factors were even more strongly related to the decision to report abuse. Zellman¹⁰ found that perceived seriousness was strongly correlated with the respondents' description of the incident as abuse. We found that slightly fewer dentists perceived the

abuse vignette to be serious compared with the neglect vignette, though this difference was not great (Table 2). However, 95.2% of the likely reporters of abuse considered it serious (Table 3). High percentages of likely reporters defined the second vignette as abuse, and felt required to report. As was the case with neglect, perception of a potential negative impact on the child was related to decisions not to report abuse. Again, about 75% of likely reporters and nonreporters believed that an abuse report would have a negative impact on the child. This perception did not appear to be linked to a report decision.

There were no significant differences in the distributions of responses from GDs and PDs to each of the six questions (Table 2). PDs were more than twice as likely as GDs to perceive a requirement to report neglect (11.6% vs. 4.8%), but the percentages were small. PDs and GDs were almost equally likely to report neglect and abuse (Table 2).

Interpretation of these data must be tempered in light of several considerations. First, they are derived from surveys, with return rates fairly typical for this type of study. The GDs, all from Georgia, were selected using a stratified randomization scheme, but all PDs in Georgia and Florida were surveyed. This scheme was adopted to help balance the numbers of specialists and generalists. There was no geographic bias evident in the sample of respondents, nor do we have reason to suspect any systematic differences between respondents and nonrespondents. However, the generalizability of the data to other regions of the United States is unknown at this time. Second, as previously mentioned, the vignettes were designed to elicit the suspicion of neglect and abuse, but they were not conclusive for maltreatment. Had they shown proof of maltreatment, more positive responses might have been given, especially for seriousness, definition, legal requirement to report, and likelihood of reporting. Unambiguous maltreatment situations are not common, however. Testing for levels of ambiguity would have required an unacceptably long questionnaire, or a larger sample than that used in this study. Arguments can be made both ways as to whether respondents would be more or less likely to report similar cases in their practices.

Actual cases with similar circumstances would allow the dentist to gather more information that might be more likely to prompt a report. On the other hand, it could be argued that some of the respondents would have found it easier to indicate a likelihood of reporting a fictitious vignette than to report a similar case from their practices. Third, factors other than those examined in the study also may have influenced the report decisions. For example, some respondents' decisions regarding reporting may have been influenced by the possibility of a negative impact on themselves or their practices. Finally, we placed the "not sure" responses in the *no* category. Additional information in the vignettes may have allowed the less sure respon-

dents to come to a more definite conclusion.

Conclusion

For the sample of dentists who responded to the survey, the following conclusions were drawn:

1. Small percentages of respondents indicated that they would be likely to report hypothetical cases suggestive of, but not conclusive for, child neglect and abuse. Respondents were almost four times more likely to report the abuse vignette.
2. More dentists believed that they were required by law to report the abuse vignette.
3. The likelihood of reporting the child maltreatment vignettes was associated with perceptions that the incident was serious, should be defined as maltreatment, and that reporting is required by law.
4. The perception that a maltreatment report would have a negative impact on the child was associated with decisions not to report.
5. Perceptions that a maltreatment report would negatively impact the family were common, but not associated with report decisions.

Drs. Adair and Hanes are professors and Dr. Sams is a clinical associate professor in the Department of Pediatric Dentistry, and Dr. Russell is an associate professor in the Department of Oral Diagnosis and Patient Services and the Office of Biostatistics. All are faculty at the Medical College of Georgia. At the time of the research, Drs. Wray and Yasrebi were residents in

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