

Odontology Section - 2012

F46 Child Abuse Reporting by Pediatric Dentists in Texas

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After attending this presentation, attendees will understand the attitudes, knowledge and practices of Texas pediatric dentists in reporting child abuse.

This presentation will impact the forensic science community by exploring how this research could help in the implementation and dissemination process of child abuse information for medical, dental and legal professionals.

Objectives: The data produced from this study identified: (1) the clinicians' training and management strategies for children with injuries suspected as related to unreported abuse; (2) the factors weighed by clinicians when deciding whether to report injuries suspected to be abuse; and, (3) how clinicians explained reasons for not reporting suspicious injuries. This research could help in the implementation and dissemination process of child abuse information for medical, dental, and legal professionals.

Discussion: One previous study reports that approximately 1% of general dentists had reported cases of suspected abuse while a larger percentage had suspected abuse. This suggests that the information gained from dental schools may be insufficient and contribute to the lack of knowledge of the signs of abuse and the legal responsibility to report.

The Prevent Abuse and Neglect through Dental Awareness (PANDA) coalition has trained dental personnel through continuing education. According to this program, "the extremely low reporting rate by dentists seems to be related to the lack of training dentists receive in how to recognize and report abuse and neglect, and concerns about the ramifications of becoming legally involved in such cases."

Methods: Surveys were sent out to all 115 pediatric dentists in Texas who had provided an email address to the American Academy of Pediatric Dentistry (AAPD) 2010 directory. Fifteen questions were included in the survey that was conducted by email. The online service, Survey Monkey (www.surveymonkey.com) was used to facilitate the survey. The interviews were analyzed for the rationale utilized for the decision to report suspected child abuse as well as management strategies, bitemark cases, most common signs observed, and the level of training of the dentist in identifying abuse.

Results: The response rate, distribution by gender, and professional associations will be reported in the oral presentation. The collection of data was ongoing at the time of submission of the abstract. Early responders indicated that the most common sign of abuse observed was bruising of the skin. Data on this and on the other signs of abuse listed are reserved for the presentation.

Conclusions: Dentists should consider all relevant factors when deciding whether or not to report cases of suspected child abuse. Pertinent factors include history and circumstances of the injury, knowledge of and experience with the family, consultation with others, and previous personal training and experiences with child abuse and bitemark cases. Data on bitemark reporting as a form of child abuse can provide valuable reference material for forensic odontologists to present to their local medical examiners, emergency room personnel, law enforcement agencies, and prosecutors.

Child Abuse, Odontology, Bitemarks