

Recommendations on Child Abuse Based on A Survey of AAPD Members

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Introduction

Child abuse remains a significant public health concern in the United States, with healthcare professionals playing a critical role in early detection and intervention. Dentists are uniquely positioned to identify signs of abuse, as many injuries occur in the head and neck region. Despite being mandated reporters, previous studies suggest that underreporting persists due to uncertainty, lack of training, or fear of legal consequences. Dental professionals must not only recognize clinical signs but also understand proper documentation and reporting protocols to ensure timely intervention. Education during dental school and residency is intended to prepare clinicians for this responsibility; however, the effectiveness of this training varies. This study aims to evaluate dentists' experiences with suspected child abuse, their knowledge of reporting responsibilities, and perceived adequacy of training. By identifying gaps in knowledge and barriers to reporting, this research seeks to highlight areas for improvement in dental education and professional preparedness.

Materials and Methods

A cross-sectional survey was conducted among dental professionals who are AAPD members to assess their knowledge, experience, and attitudes regarding child abuse reporting. The survey consisted of structured, close-ended questions focusing on prior suspicion of abuse, reporting behaviors, understanding of legal responsibilities, knowledge of clinical signs, and familiarity with reporting protocols and documentation. Participants were also asked to evaluate the adequacy of their training during dental school or residency. The survey was distributed electronically via Google Forms, and participation was voluntary and anonymous to encourage honest responses. A total of 150 responses were collected and included in the analysis. Descriptive statistics were used to summarize the data, including frequencies and percentages for each response category. Subgroup analysis was performed for participants who had suspected abuse to evaluate reporting behavior and reasons for non-reporting. No identifying information was collected, and the study design ensured confidentiality and minimal risk to participants.

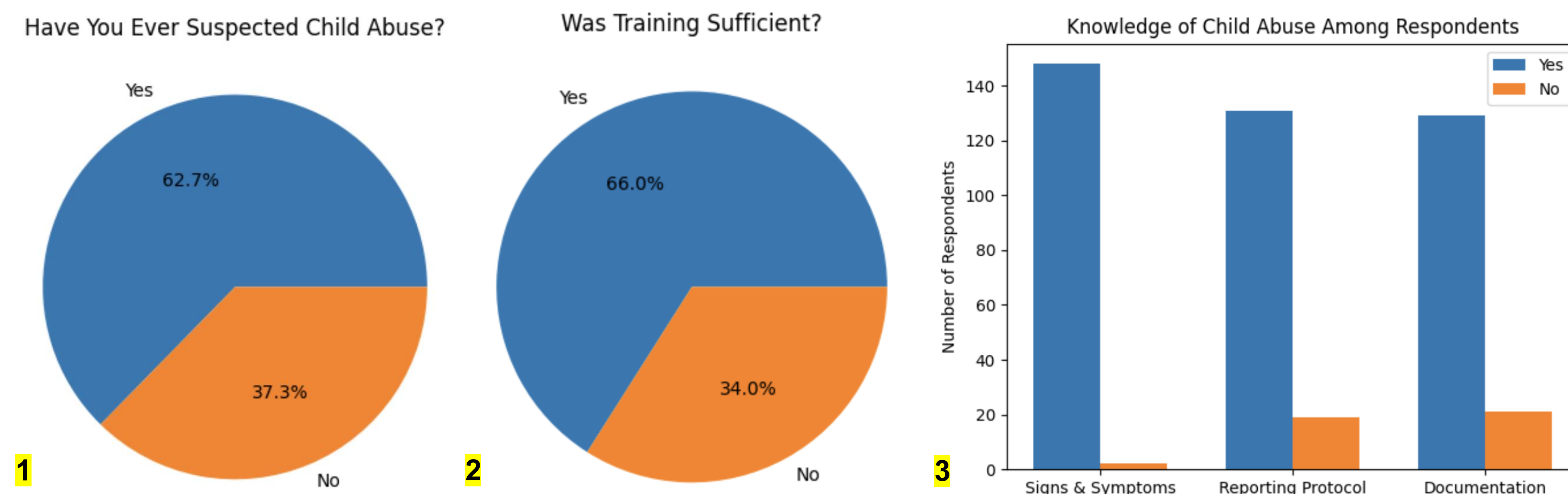


Figure 1. Percentage of respondents who suspected child abuse

Figure 2. Perceived adequacy of dental education in preparing respondents to recognize and manage child abuse cases

Figure 3. Comparison of respondents' knowledge of child abuse signs and symptoms, reporting protocols, and documentation responsibilities

Results

Among the 150 respondents, 62.7% reported having suspected child abuse in a patient (Figure 1). Of those, 91.5% proceeded to report the case, while 8.5% did not. The most common reason for not reporting was uncertainty regarding the reporting protocol, followed by lack of definitive evidence and hesitation to become involved. Knowledge levels were generally high, with 98.7% of respondents indicating familiarity with the signs and symptoms of child abuse and all participants acknowledging their role as mandated reporters. However, gaps were identified in procedural knowledge, as 12.7% were unfamiliar with reporting protocols and 14.0% lacked confidence in proper documentation (Figure 3). Regarding education, 66.0% of respondents felt their dental training adequately prepared them to handle child abuse cases, while 34.0% disagreed (Figure 2). These findings suggest that while awareness is high, practical application and confidence in reporting procedures remain areas of concern.

References

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Discussion & Conclusion

The findings of this study indicate that while dental professionals of AAPD members demonstrate high awareness of child abuse and their legal responsibilities as mandated reporters, important gaps remain in their ability to confidently act on this knowledge. Although the majority of respondents reported suspected cases, the small proportion who did not highlights a critical issue: uncertainty in reporting protocols rather than unwillingness to intervene. Additionally, despite nearly universal recognition of abuse indicators, deficiencies in procedural knowledge—particularly in reporting and documentation—persist. These gaps are further reinforced by the finding that one-third of respondents felt inadequately trained during their dental education. Taken together, these results suggest that current educational approaches may emphasize theoretical knowledge over practical application. To address this, dental curricula and continuing education programs should incorporate more case-based learning, simulation training, and clear, step-by-step guidance on reporting procedures. Standardized protocols and easily accessible resources in clinical settings could further reduce hesitation and improve compliance. One effective way to improve practitioners' knowledge and confidence is to implement a standardized chairside reference card in every operatory. Another would be to mandate a certain number of CE related to child abuse for license renewals. Additionally, interprofessional collaboration and training with medical and social work professionals may enhance confidence in handling complex cases. Institutions should also consider periodic refresher training to ensure that knowledge remains current and actionable. Ultimately, improving practical training and reinforcing procedural clarity are essential steps toward empowering dental professionals to fulfill their role in protecting vulnerable pediatric patients and ensuring that suspected abuse is consistently and appropriately reported.