

Original Research Article

Responses and perceived barriers to reporting child abuse and neglect using critical incidence techniques

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Abstract

Aim: to assess the knowledge and attitude of dentists towards reporting child abuse and neglect (CAN).**Materials and Methods:** A questionnaire of 10 questions was created and sent to 300 dentists across India. This questionnaire was validated through a pilot and accordingly modified. Responses from 150 dentists were recorded and analyzed.**Result:** 23% dentists admitted to have encountered CAN in their practice and 62% dentists reported to have observed neglect. 52% dentists were not confident in identifying CAN and 68% admitted that they needed more training. On asking who they thought was the main culprit in CAN, "father" was the most common answer.**Conclusion:** Dentists need to be trained in CAN identification and reporting to curb this evil in the society.**Keywords:** Child abuse and neglect, Dental neglect, Dentist's knowledge.**Received:** 17-07-2025; **Accepted:** 08-08-2025; **Available Online:** 29-09-2025

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1. Introduction

The World Health Organization (WHO) defines child maltreatment as all forms of physical and emotional ill-treatment, sexual abuse, neglect, and exploitation that results in actual or potential harm to the child's health, development or dignity.¹

Child Abuse and neglect is defined as any recent act or failure to act on the part of a parent or caretaker which results in death, serious physical or emotional harm, sexual abuse or exploitation.² It has always been a social menace. The physicians should be aware of the new legislation, Protection of Children from Sexual Offences (POCSO) Act, 2012, requires mandatory reporting of cases of child sexual abuse, failing which doctors and allied medical professionals can be penalized.³ Moreover, doctors and allied medical professionals can help prevent child sexual. However, it is

usually difficult to detect child abuse unless the atmosphere is conducive enough to do so.

If approached properly unraveling the problem is not difficult. Cases of Child Abuse and Neglect can easily be recognized using adequate knowledge and proper history. According to published reports orofacial trauma is seen in 50-70% of the total reported cases.^{4,5}

Dentists are thus placed in an advantageous position to be the first to recognize the evidence of physical abuse. In spite of easy accessibility, a significant gap is seen between recognizing and reporting cases of child abuse.

The Critical Incident technique (CIT) developed by Flanagan et al is the procedure for collecting direct observations of human behavior to potentially solve practical problems and developing broad psychological principles. CIT encompasses the collection of observed incidents having

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special significance. Any incident is an observable human activity.

This CIT was used to conduct a survey of dentists regarding the knowledge and attitude towards child abuse and neglect cases attending their OPD.

2. Materials and Methods

A questionnaire was created based on data collected for the cases that were reported on the National Child Helpline Number between 2016-2022. This questionnaire was validated through a pilot and accordingly modified. Ad-Verbatim responses from 150 dentists to a questionnaire containing ten questions were recorded and analyzed (**Table 1**).

3. Results

300 dentists across India were shared a digital questionnaire regarding Child Abuse and Neglect. We received 186 filled responses from these. Out of which 150 responses reported they treated children in their practice and hence were included for the study. From the ten questions asked, 7 were close ended questions whereas four (part b of question 4) were open ended questions. The open-ended questions were analyzed based on critical Incidence technique. The results are summarized in **Table 2**.

23% dentists admitted to have encountered CAN in their practice and 62% dentists reported to have observed neglect. 52% dentists were not confident in identifying CAN and 68% admitted that they needed more training.

A question on barriers to reporting CAN, found the most common barrier to be – unaware of their duty to report it. Followed by, not aware of signs of abuse and neglect, policies and some wanted to avoid legal issues (**Table 3**)

On asking who they thought was the main culprit in CAN, “father” was the most common answer. Followed by teachers and relatives.

Table 1: Questions asked to the participants

S.No.	Question	Type
1.	Are you employed in the government Sector as general /specialist dental practitioner or do you run a private dental clinic?	Objective
2.	Are children treated in your practice? If yes please answer the following	Yes/ No
3.	(A)Have you encountered child abuse in your practice? (B) Have you encountered child Neglect in your practice?	Yes/ No Yes/ No
4.	(A) Are you aware of your city’s policies, laws and agencies about child protection?	Yes/ No

	(B) Who do you report to when confronted with a case of CAN	Yes/No
5.	Do you feel confident in identifying CAN	Yes/ No
6.	Do you believe more training is needed by dentist in this field.	Yes/ No
7.	In your opinion what could be the reasons for not responding child abuse and neglect?	Open ended question
8.	According to your experience who is usually the culprit in a case of child abuse?	Open ended question
9.	Have you observed an increase in the cases of child abuse during the pandemic?	Yes/ no
10.	What in your opinion was the cause of it?	Open ended question

Table 2: Responses of participants regarding child abuse and neglect

S.No.	Question	Percentage Responses
1.	Type of Employment	Government sector-14% Private sector-86%
2.	Do you treat children in your practice	Yes- 100% No-0
3.	a) Have you ever encountered Child abuse in your practice? b) Have you ever encountered Child neglect in your practice?	Yes- 23% No-77% Yes- 62% No-38%
4.	Are you aware of your city’s policies, laws and agencies about child protection?	Yes-17% No- 83%
5.	Do you feel confident in identifying CAN?	Yes 48% No 52%
6.	Do you believe more training is needed by dentist in this field?	Yes- 68% No 32%
7.	Have you observed an increase in the cases of child abuse during the pandemic?	Yes -44% No 56%

Table 3: Results of CIT

Question No	Question asked	Most common answers as per CIT
4 (b)	Who do you report to when confronted with a case of CAN	1. Police 2. Child Welfare Services 3. Do not report to anyone.
7	In your opinion what could be the reasons for not responding child abuse and neglect?	1. Unaware of the duty of the dentist in reporting child abuse 2. Lack of awareness of the signs and symptoms of Child Abuse

		3. Details about policies, laws and acts are unknown 4. Wanted to Avoid Legal Issues. 5. Don't know the protocol. 6. "Is there a Helpline no we can call"
8	According to your experience who is usually the culprit in a case of child abuse?	1. Father 2. Teachers 3. Relatives
10	What in your opinion was the cause of it?	1. More time at home

3.1. The questionnaire as shared with participants.

Thank you for agreeing to Participate. Following questionnaire on Child Abuse and Neglect is a part of the survey to assess the knowledge and attitude of dentists towards child abuse and neglect.

The aim of this survey is to note the observations of the dental practitioner regarding Child Abuse and Neglect (CAN). If you are willing to participate, kindly answer the following questions.

1. Last Educational Degree
2. Years of Practice
3. Speciality
4. Are you a Parent?
5. If Yes, Age of Child/ Children.

3.2. Kindly participate in the following survey.

The Following Questions are open-ended and seek your opinion. You can revisit the questions if required.

1. Are you employed in the government Sector as general /specialist dental practitioner or do you run a private dental clinic?
2. Are children treated in your practice? If yes please answer the following.
3. (A) Have you encountered child abuse in your practice?
(B) Have you encountered child Neglect in your practice?
4. (A) Are you aware of your city's policies, laws and agencies about child protection?
(B) Who do you report to when confronted with a case of CAN.
5. Do you feel confident in identifying CAN.
6. Do you believe more training is needed by dentist in this field.
7. In your opinion what could be the reasons for not responding child abuse and neglect?

8. According to your experience who is usually the culprit in a case of child abuse?
9. Have you observed an increase in the cases of child abuse during the pandemic?
10. What in your opinion was the cause of it?

- The effects of child maltreatment are long reaching on the health of the child and clearly can be correlated with morbidity in adulthood.
- Dental professionals are in a unique position to identify it and should be knowledgeable in recognising, documenting, treating and reporting these suspected cases. Abuse can be physical sexual or emotional.
- Inattention (Not paying attention) to basic needs of the child such as food, shelter, clothing, medical care, education and lack of supervision all constitute neglect, including dental neglect (McDonald 2011).
- GENERAL DATA ON: case reported in last five years (NCRB)
- According to the data, 2016-17 to 2020-21 the national commission for protection of children received 50,857 complaints out of which 20,836 have been disposed of.
- 2016-1,06,958 cases
- 2017-1,29,032 cases
- 2018-1,41,764 cases
- 2019-1,48,185 cases
- 2020- no info due to covid lockdowns

4. Discussion

It is already established that a child may be subjected to one or multiple forms of abuse, including sexual and psychological abuse, neglect, and various forms of physical maltreatment.⁷⁻⁹ Most of the dentists in the present survey did not admit to reporting any abuse. On the other hand they have admitted to observing child neglect. Neglect of a child can be observed with many small signs. Oral signs such as poor oral hygiene, caries, infection, ulcers etc are all components of child neglect.¹⁰

Regarding the awareness of dentists regarding reporting of CAN, 83% were not aware of where to report. This could be due to lack of sensitization of the dentists as well as the society regarding Abuse and Neglect in children. Studies from various parts of the world also found similar results.¹¹⁻¹³ Other common barriers reported were not being sure if the child was abused or not,¹¹ and wanting to avoid legal issues.

Regarding the socio-economic characteristics of these children, Loredo Absala identified financial instability, the absence of essential basic amenities, and family disintegration as the most significant factors contributing to abuse.¹⁴ The present study did not explore reasons of abuse.

We as dentists need to be more vigilant to signs and symptoms of CAN. To achieve this a curricular change needs to be made where didactic training on CAN is compulsory.

The identification of abuse is not enough but reporting it is also paramount. The dentists should also be informed about the local and national laws to prevent and report CAN. Also information brochures and posters can be made available for sensitization of the public as a whole. The local administration also needs to step-up against these acts.

A thorough extraoral examination should be performed to identify areas of alopecia, hematomas, and scars at various stages of healing, and any limitations in limb or joint function. Only when we all join hands can this abuse of the little ones be stopped. The authors further hope to explore the common signs and symptoms of CAN in the future.

A combination of hospital, departmental, and individual staff-related factors—such as time constraints, limited resources, inadequate training, and lack of support—can serve as potential barriers to reporting suspected child abuse.¹⁵

5. Conclusion

A dentist especially Pediatric dentist is in a unique position to identify, report and act upon cases of Child Abuse and Neglect which otherwise might go unnoticed. A thorough knowledge of signs and symptoms, and reporting authority in cases of abuse should be known to all. Dental Schools should also teach the same to all dental students to make the society safer for children.

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None.

7. Conflict of Interest

None.

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