Teaching future dentists to detect and report suspected child abuse and neglect

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Abstract

Child abuse and neglect often presents with signs on the head and neck, which dental professionals examine on a regular basis. If educated on how to detect and report it in their schools, they can help in solving the problem of under-reporting. Although, some curriculums have been developed for educating dental students and a lot of stress has been laid on the issue through continuing education, still a lot of cases go unnoticed each year. There is one elaborate, robust and comprehensive curriculum with a multi - disciplinary approach reported in the literature, which was recently developed at the University of Tennessee. This article is a summary of the same. This curriculum has four phases, which are spread out in four years of education of the DDS students. The students are sequentially introduced to the findings of Suspected Child Abuse and Neglect (SCAN), they are shown case scenarios, they work with medical and law students to understand their professional and ethical duties, and are required to deal with a simulation case at the end. Future studies should assess the effects of this curriculum and its overall impact in the long run.

Keywords: Child abuse, neglect, dental education.

Introduction

According to recent reports from high-income countries, 4%–16% children face physical abuse every year, while 10% are neglected or psychologically abused[1]. Furthermore, 5%–10% girls and approximately 5% boys suffer penetrative sexual abuse. These numbers increase three fold if all forms of sexual abuse are included[2]. Parents or parental guardians perpetrate 80% of reported abuse and neglect. However, the official rates for substantiated child maltreatment remain 10 times lower than self-reported claims from victims and parents who admit to inflicting harsh punishment, due to underreporting[3-5]. Child abuse can kill children. According to the WHO, 155,000 children younger than 15 die each year due to abuse or neglect, accounting for 0.6% of all deaths and 12.7% of deaths due to any injury[6]. Furthermore, the long-term consequences of child abuse can lead to lower educational achievement, adverse mental and physical health outcomes, including a high risk that the victim will become a violent criminal[7].

With proper training, dentists can be very helpful in bringing unreported cases to light. Studies have shown that dentists are among the lowest of all health professionals reporting suspected child abuse and neglect[8]. In one survey-based study, it was reported that 20% of dentists and 9% of dental

hygienists reported at least 1 case of suspected child abuse. While 83% of dental professionals knew that they had to report suspected cases of child abuse, only 73% of students were aware of their legal responsibility[9]. This shows that not all oral health care professionals are equally prepared to identify and report suspected cases of child abuse and neglect. It has been shown that curriculums in dental schools include some information on the topic of child abuse, but the need to expand the scope of content to better prepare students has also been highlighted[10].

In regard to this, one school of dentistry has proposed a comprehensive curriculum on suspected child abuse and neglect (SCAN), to train and better prepare dental students: Ivanoff CS, Hottel TL. Comprehensive training in suspected child abuse and neglect for dental students: a hybrid curriculum[11].

The multidisciplinary, hybrid curriculum proposes the use of traditional and problem-based learning as well as experiential, reflective learning in actor role-play to deliver comprehensive SCAN education to dental students before graduation. The objectives of the curriculum are "to ensure that students are capable of identifying child abuse, addressing the concern with families, reporting suspicions to the proper authorities, assisting investigators in interpreting information, managing dental consequences of both physical and psychological trauma, advocating for their patients, and working with families affected by child maltreatment"[11].

The curriculum consists of 4 phases.

Phase I

Phase I focuses on the physical and behavioral characteristics that present during a general assessment in a child abuse and neglect case. The learning objective is to differentiate between physical and sexual abuse and between child abuse and neglect (Table 1). This process is accompanied by the presentation of worked case scenarios shown through visual aids (professional videos and slides). Clinical exercises would train students in techniques to collect critical forensic evidence when child abuse is suspected. Pre-clinical students are included in this phase.

Phase II

Before the students enter the third year, a combined lecture and problem-based management workshop would be given during summer orientation. It is a student-centered learning experience, in which preceptors guide small groups of students in resolving SCAN problems. New knowledge about child abuse is acquired by self-directed learning. Students collaboratively explore the literature to resolve the cases that are assigned to them, while intense discussions of cases and their resolutions stimulate students to think about strategies to deal with SCAN in the future.

These case scenarios help students understand the distinction between abuse and neglect before they enter the clinic. As the scenarios increase in difficulty, students are guided to grasp, rationalize, and acquire the professional, legal, and ethical responsibility to report SCAN and to act confidently and decisively without fear. Cases of abusive relationships vary and can involve physical, emotional, economic, as well as sexual abuse. An important objective is to help students understand the pattern of child abuse behavior and how the abuser can establish undue control over the victim through fear and intimidations, frequently including threats or the use of violence that affect victims' self-esteem and make them feel helpless.

Phase III

Early in the junior year, multidisciplinary, problem-based experiences would be conducted through a series of weekly workshops. Dental students would be placed in groups with medical and nursing students, which a social caseworker or law enforcement officer leads. This phase teaches students what to do and what not to do. The main emphasis is on the behavioral and communicative features of suitable responses when taking decisive action. Workshops studying worked cases and cases to be solved focus on students' communication skills so that they can effectively interview children and parents when they suspect abuse.

Phase IV

This final simulation-based phase is focused on interviews, in which professional actors play the role of the victim or the suspect. Clinical simulations with role-play are used to provide experiential and reflective learning to develop dental students' interviewing skills with patients, who are believed to

be the victims. The crucial factors of talking directly with the child and the parents are addressed.

The effects of child abuse and neglect can vary depending on each child's environment and personal characteristics. The consequences might be mild or very severe. They might disappear after a short period or last over a lifetime and affect the child psychologically, behaviorally, physically, or in all these ways. It is imperative not only to report child abuse and neglect, but also that communities provide a framework of prevention strategies and services before abuse and neglect occur and be prepared to offer remediation and treatment when necessary. Incorporating training about SCAN into dental education may help to better prepare dental students to act responsibly when suspecting cases of child abuse after graduation and may prove to be an effective preventive intervention in the long run. I Future studies should assess the effects of this curriculum and its overall impact in the long run.

Increased dentist vigilance about SCAN may save young innocent lives. As health professionals, it is not only the moral and ethical responsibility of all dentists to report suspected child abuse and neglect, it is their legal duty. Inaction, which in this case means dentist failure to report SCAN, is not only irresponsible and unethical, but is also illegal in the US. It is, therefore, incumbent upon dentists to know the legal consequences and to become familiar with the protocols and appropriate agencies to report suspected cases of abuse and neglect whenever suspected.

Table 1. SCAN curriculum guideline: recognition and intervention training

A. Recognizing child abuse and neglect
Goal 1: To become familiar with physical abuse, sexual abuse and neglect
Goal 2: To be able to recognize physical and behavioral indicators of child abuse and neglect clearly
B. Reporting requirements
Goal 3: To be able to identify when it is necessary to report to child protective services
Goal 4: To understand procedures for reporting to social services
Goal 5: To understand social services' response to a report
C. Intervention
Goal 6: To understand how to promote resilience in children
Goal 7: To become familiar with effective intervention strategies

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