



Original communication

Reporting child abuse cases by dentists working in the United Arab Emirates (UAE)

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ABSTRACT

Reporting of suspicious cases of child abuse is a sensitive issue that is often hindered by uncertainty of diagnosis. This cross sectional study aimed to assess the UAE dentists' experiences in child abuse recognition, the factors that prevent them from reporting suspicious cases to authorities and their perceived training needs.

A closed-ended, self-administered questionnaire was distributed to 350 dentists working in the UAE. Chi Square test was used to determine association between training needs on child abuse and its reporting rate. Logistic regression was used to determine the association between perceived training needs and other covariates. One hundred and ninety three respondents satisfied the inclusion criteria. Forty seven (25%) dentists reported encountering a suspicious child abuse case at least once in their career, but only 15 (32%) of those reported their suspicion. Fear of making the wrong diagnosis was the most frequent challenge hindering reporting and dentists who demonstrated a need for specialized training were more likely to express this fear (OR = 5.88, 95% CI: 0.07, 0.45; P = 0.00).

The majority of UAE dentists do not report their suspicion to authorities and specialized training should be offered to build dentists' capacity in diagnosing and appropriately reporting suspicious child abuse cases.

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1. Introduction

Injuries (intentional and unintentional) are considered to be the most common cause of death in children.¹ Frequently, non-accidental injuries to children occur inside the child's house, and the perpetrator is often one or more of the child's guardians.^{2,3} The child's inability to independently self-report incidents of violence to authorities and the closed domestic scene of the abuse make early detection and intervention of abused children a challenging task.

Studies from various countries showed that the majority of the physically abused children sustain injuries to the head and neck region, making this body part the most common site to manifest violence.^{4–6} Accordingly, dentists are anticipated to be among the healthcare providers most likely to encounter cases of physical abuse, which can manifest as bruises to the oral mucosa, dental

trauma and/or alveolar fractures. This is evident from surveys conducted in various countries, which showed that between 13%⁷ and 50%^{8,9} of dental practitioners see cases of suspected child abuse, but less than half of those actually report those cases to authorities (Table 1). To many dentists, reporting of suspicious child abuse cases is hindered by the fears of making the wrong diagnosis, litigation and other negative impacts on the dentist's practice or the dentist's relationship with their patients.^{7–10}

In the United Arab Emirates UAE, healthcare providers are permitted to breach patient's confidentiality by reporting to the authorities cases of violence if this breach is believed to be necessary to prevent a crime according to a new law on medical responsibility which was introduced in late 2008.¹¹ In fact, the country's Penal code obligates healthcare providers to report injuries, even when those injuries are merely suspicious.¹² Despite those immunities from litigation, healthcare workers in the UAE expressed their reluctance to report injuries due to their confusion over the clinical signs of abuse, as well as the ambiguity of reporting pathways in this country.¹³ This indecisive attitude comes at the detriment of the abused child, and infers a deficiency in the healthcare provider's training on the recognition and intervention

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Table 1
Dentists' experiences with regards to suspecting and reporting child abuse in various countries.

City/State	Scotland ³	Greece ⁷	Jordan ⁸	Texas ⁹	London ¹⁰	Victoria ¹⁸	Croatia ¹⁹	Denmark ²⁰	California ²¹	Nigeria ²²	KSA ²³	Jordan ²⁴	
Sample size	375	368	256	383	105	347	510	1145	2005	175	122	340	Total 6131
Percentage of dentists who indicated suspecting a child abuse case	29%	13%	50%	50%	15%	28%	26.20%	38.3%	16%	39.40%	47%	42%	Overall average 33%
Percentage of dentists who reported their suspicion	8%	1.60%	12%	25%	7%	8%	5.10%	11%	6%	6.90%	10%	20%	Overall average 10%

of child abuse. Furthermore, healthcare in the UAE is being provided by medical and dental personnel coming from a diversity of educational backgrounds from multiple nations,¹⁴ resulting in a non-standard approach to such sensitive cases.

Although dental practitioners are considered to be situated at the forefront of detecting cases of child abuse, the knowledge and experiences of UAE dentists in this regard have not been previously investigated. Therefore, the objectives of this cross sectional survey were to have an appreciation of the UAE's dentists' experiences with regards to child abuse, the reasons that would hinder them from reporting suspicious cases to authorities and their perceived training needs in this field.

2. Materials and methods

2.1. Study sample

A cross sectional survey was conducted on dentists working in various clinics in the public and private sectors in the seven emirates of the UAE. The UAE is a developing country in the Arabian peninsula with an approximate population of 8.3 million, of whom 7.3 million are expatriates.¹⁴ Data from the UAE's National Bureau of Statistics shows that there are around 2500 dentists registered in the UAE. A convenience sample of 350 dentists from private and public sectors were invited to participate in this survey. To ensure diversity, the sample consisted of dentists working in the public and private sectors from the seven emirates.

2.2. Survey tool

A self-administered, closed-ended questionnaire was developed to assess the dentists' experiences with child abuse and the reasons for reluctance in referring suspicious cases when such cases are encountered. The questionnaire was pilot-tested on a small sample for consistency and understandability, and modified accordingly. The questionnaire consisted of four sections. The first section enquired about the participants' demographic characteristics and professional profile. The second section enquired about the perceived training need on child abuse. The third and fourth sections enquired about previous experiences with child abuse, and the challenges related to child abuse reporting, respectively.

2.3. Data analysis

IBM® SPSS® Statistics (version 22) (IBM Corporation) was used for statistical analysis. Chi Square test was used for categorical variables. Logistic regression test was used to determine the association between perceived training needs and other covariates. P-value was significant if <0.05.

3. Results

One hundred and fifty seven dentists were excluded from this survey either because they did not return a completed questionnaire (n = 149) or because they indicated that they don't treat children (n = 8). One hundred and ninety three dentists returned a completed questionnaire, and were considered the study sample (response rate 55%), the demographic characteristics of whom are shown in Table 2. Those showed diversity in terms of sex, age, sector and geographical location, and hence can be considered representative.

Forty seven participants (25%) indicated that they have recognized a case of suspicious child abuse at least once during their career and less than one third of those did report the case(s), mostly to the parents (Table 3).

Making the wrong diagnosis of the abuse was ranked as the most important challenge facing dentists when they encounter a suspicious case of child abuse, while getting in trouble with authorities and losing patients were the least important challenges (Table 4).

Dentists' who indicated that they did not recognize cases of child abuse during their career were significantly more likely to indicate their need for specialized training in this field (p = 0.006) (Table 5). On the other hand, dentists who ranked wrong diagnosis of child abuse as the most important challenge were 5.88 times more likely to express the need for training in child abuse compared to those who did not indicate the need for such training (95% CI: 0.07, 0.45) (Table 6). Furthermore, participants who

Table 2
Characteristics of study participants.

Variable	N (%)
Sex	
Male	110 (58)
Female	83 (42)
Age	
≤35	88 (46)
>35	94 (54)
Years of Dental Practice	
<10 years	79 (41)
≥10years	114 (59)
Specialty	
General Practitioner	100 (52)
Specialist	92 (48)
Practice sector	
Private	112 (58)
Public	49 (26)
Both	32 (16)
Practice location (Emirate)	
Abu Dhabi	85 (44)
Dubai	46 (24)
Sharjah	33 (17)
Fujairah	10 (5)
Ajman	8 (4)
Um Al Quwain	8 (4)
Ras Al Khaimah	3 (2)

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