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Research article

Oral health in children investigated by Social services on suspicion of child abuse and neglect

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ABSTRACT

Child abuse and neglect (CAN) are likely to have negative consequences on health; however, for oral health, studies on associated outcomes are sparse. The purpose of this study was to assess oral health and oral health behaviors in relation to suspected CAN among children being investigated by the Swedish Social Services. The material comprised data from the Social Services and dental records; the sample, 86 children and 172 matched controls. The children in the study group had a higher prevalence of dental caries than the control group; in addition, levels of non-attendance and dental avoidance were high, as was parental failure to promote good oral health. We found four factors that, taken together, indicated a high probability of being investigated because of suspected CAN: prevalence of dental caries in primary teeth, fillings in permanent teeth, dental health service avoidance, and referral to specialist pediatric dentistry clinics. If all four factors were present, the cumulative probability of being investigated was 0.918. In conclusion, there is a high prevalence of dental caries, irregular attendance, and a need for referral a pediatric dental clinic among Swedish children under investigation due to suspected CAN. Social context is an important factor in assessing the risk of developing dental caries, the inclination to follow treatment plans, and the prerequisites for cooperation during treatment. Routinely requesting dental records during an investigation would provide important information for social workers on parental skills and abilities to fulfill the basic needs of children.

1. Introduction

Child abuse and neglect (CAN) and household dysfunctions may have a negative impact on physical and mental health, emotional regulation, and behavior during childhood and later in adulthood (Annerbäck, Sahlqvist, Svedin, Wingren, & Gustafsson, 2012; Felitti et al., 1998; Gilbert et al., 2009; Jernbro, Svensson, Tindberg, & Janson, 2012).

Oral and dental health is an important aspect of general health. In Sweden, dental care for children and adolescents is free and accessible. In a global perspective, the prevalence of dental caries among Swedish children and adolescents is low. Dental caries is a multifactorial disease. Disease progression in primary teeth predispose the patient to continued poor oral health during adolescence and on into adulthood, so it is important to identify children who are at risk at an early stage and to provide supportive measures to parents (Alm, Wendt, Koch, & Birkhed, 2007; Thomson et al., 2004). In the Nordic countries, studies on oral and dental health needs among children in need of social welfare and protection are sparse. Studies of children in out-of-home care (regardless of the reason

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for such care) report a high caries prevalence as well as a previous history of missed dental appointments (Kling, Vinnerljung, & Hjern, 2016). One study on children referred to pediatric dental clinics due to dental behavior management problems found that 6% had experienced intimate partner violence compared with 0% in a reference group without such problems; in the same study, 10% had lived separated from their parents because of interventions by social authority at some point compared with none in the reference group (Gustafsson, Arnrup, Broberg, Bodin, & Berggren, 2007).

The system for child protection and child welfare in Sweden is family oriented with a protective responsibility, meaning the system provides both support as well as protection. Dental professionals and others who work with children are obliged to report suspicions of child maltreatment to Social Services. Such mandated reports initiate a child protection process where Social Services is responsible for investigating and substantiating child maltreatment and family dysfunction, and if the allegations appear to be founded, proposing interventions. Studies show that Social Services receives reports on 30 children per 1000 (Wiklund, 2006). The subsequent filtering process yields differing numbers of reported children compared to numbers of children being investigated and children for whom an intervention, coercive care such as out-of-home care, or supportive measures have been suggested (Sundell, Vinnerljung, Andrée Löfholm, & Humlesjö, 2007). During an investigation of a child's needs and when arranging for out-of-home care, Social Services may assess health status (including oral health), although there is currently no such requirement. However, social workers tend to omit interviewing contacts other than the family, and health factors are rarely a topic when children's needs are discussed (Cocoza, Gustafsson, & Sydsjö, 2006; Hultman, Cederborg, & Magnusson, 2015). Thus, to the best of our knowledge, oral health status among children under investigation by the Social Services has not been studied elsewhere.

This study focuses on children who have been investigated by Social Services on suspicions on CAN and compares a group of such children with a control group. The aims were to determine how dental health and dental health behaviors in the family indicate that a child is in need of support or protection from Social Services and what information Social Services receives from the dental records when it requests information.

The hypotheses were that children who are subject to investigations because of suspected CAN have more missed appointments and a higher prevalence of dental caries, exhibit more dental behavior management problems, and are more likely to have been referred to pediatric dental care compared to controls.

2. Methods

The present study is a locally based, retrospective study of children under investigation for suspected CAN in one municipality in Sweden, which was chosen (from among the 290 municipalities in Sweden) because the municipality expressed an interest in participating in the study after the study design was presented at a national meeting for child welfare agencies. The municipality had previous experience of close working relations with local dental clinics, hence, the social workers were positive to requisitioning dental records as a part of each investigation in the study to assess the health and oral health needs of the child in cases of suspected CAN. The socioeconomic distribution of the municipality is similar to that of Sweden in general.

2.1. Study population

The study included dental records from children who had been reported to Social Services from any source (including dental caregivers) for suspected CAN, and for whom an investigation had been initiated. This study initially defined CAN as any of the following: physical abuse, psychological abuse, sexual abuse, and neglect (Butchart, Harvey, Mian, & Fűrnis, 2006). For each study participant, Social Services informed us of the main reason for initiating the investigation, which we then labeled, as "Violence in the family", "Psychological assault", "Physical assault against the child", or "Neglect", per the definition of CAN used in this study. Because violence in the family can include different forms of abuse toward a child, we chose to label such descriptions as "intimate partner violence", hence we decided to define five final groups of CAN: physical abuse, psychological abuse, intimate partner violence, sexual abuse, and neglect.

It was not possible to estimate the size of the final study group needed to achieve significance; few published studies have assessed the differences in oral health needs among children exposed to abuse and neglect compared to their peers. Therefore, each case in the study population was matched with two controls; matching was done based on gender, age, and the dental clinic that supplied the dental records for the study group participant. The controls were not under investigation for CAN at the time of the study, but it is not known whether the controls had previous contact with Social Services.

Before the study began, we contacted the social workers to inform them of the study and asked them to request dental records when an investigation was initiated on a suspicion of CAN. Dental records were sourced from general dentistry clinics (GDC) and pediatric dental clinics (PED). For each mandated report, Social Services gathered and coded all reasons for the report and the outcome of the investigation before supplying the authors with information. Upon receiving dental records, Social Services removed all patient identification for participants in the study population, as did the Public Dental Service for the controls.

2.2. Measures

2.2.1. Definitions

2.2.1.1. *Gender.* Defined as boy or girl.

2.2.1.2. *Reason for the report and investigation.* Classified as one of five types of CAN: physical abuse, psychological abuse, intimate

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