ABUSE MANAGEMENT IN DENTAL PRACTICE

This study is conducted to investigate the role of dentists in abuse management. The questionnaire takes 10 minutes. Kindly answer all questions. All information you provide is confidential and will only be used for research purposes.

I- Personal Information

1. Gender □ Male □ Female
2. Age ......................
3. Has children □ Yes □ No
   Nationality ......................
   Country where you are currently practicing ......................

II- Professional background

4. Specialization □ General Practitioner □ Specialist/ Consultant
5. Type of practice □ Private sector □ Public sector □ University clinic/ hospital
6. Did you have any training in abuse management? □ Yes □ No
7. Do you think you can identify signs of abuse in your patients? □ Yes □ No

III- Perception of abuse reporting in clinical practice

How much, on a scale of 1 (not true at all) to 10 (very true), in your opinion is the following true about abuse reporting where you practice?

8. Reporting abuse is not required by law.
9. Reporting abuse is not enforced.
10. Reporting abuse is not a rule of the place where I work.
11. There is no specific authority to report to.
12. It is not my job to report abuse.
13. Reporting abuse is not culturally accepted

IV- Attitudes towards abuse reporting

Select the response that represents your attitude on a scale from 1 (completely disagree) to 10 (completely agree) for each of the following

14. Reporting abuse is the right thing to do
15. It is my responsibility as a dentist to report abuse
16. I am too busy treating patients to report abuse
17. I would document abuse manifestations even if not relevant to treatment
18. If abuse is suspected within a family, it is their business; no one should interfere
19. It is embarrassing to interfere with others to check about suspected abuse

20. Which of the following would be your first choice to report abuse to?
□ Police □ Social Service Agencies / Ministry of Social Affairs □ Ministry of Health
□ Non-governmental Organizations □ Others (specify…….) □ I do not know