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Research Article

Oral health-related quality of life in Brazilian child abuse victims: A comparative study

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ABSTRACT

This study aims to assess and compare Oral Health-Related Quality of Life (OHRQoL) in child abuse victims and non-abused children in a Southern Brazilian city. The study compared two independent samples of children aged 8–10 years: 48 child abuse victims recruited from a centre for Child and Adolescent Psychological Support (NACA) for abused children, and 144 public and private school students. Data collection consisted of administration of the Child Perceptions Questionnaire 8–10 (CPQ_{8-10}) to measure OHRQoL (dependent variable), clinical examination (dental caries), and collection of socioeconomic and demographic information (age, sex, skin colour, family income, and type of school). Multiple linear regression models were used to assess the association between presence of abuse and OHRQoL and subscales. After adjustment for clinical and sociodemographic variables, child abuse victims were found to exhibit higher CPQ scores on the overall scale and on the oral symptoms and functional limitations subscales. In conclusion, child abuse victims have a higher impact on OHRQoL. Based on the results, it is possible to suggest that greater care should be taken of these children, not only in providing treatment for oral disorders, but also in providing interdisciplinary care.

1. Introduction

Child abuse is the maltreatment (physical, sexual and mental) and neglect of children under 18 years of age (UNICEF, 2014). While it is not possible to state the exact number of child victims, maltreatment has been recognised globally as a serious public health issue. According to the United Nations Children's Fund (UNICEF), each year millions of children around the word are abused and/or neglected (UNICEF, 2014).

The literature points to a higher risk of developing some life-long conditions among child abuse victims, such as obesity, heart disease, and pulmonary disease (Hemmingsson, Johansson, & Reynisdottir, 2014; Felitti et al., 1998). Afifi et al. (2007) have found that childhood maltreatment is an important determinant on Health-Related Quality of Life (HRQoL) in adulthood. According to the authors and that some types abuse (psychological and physical abuse) have been associated with impairment in mental and physical scores. Other study showed that a greater impact on HRQoL was related to multitype abuse and the severity of violence (Jernbro, Tindberg, Lucas, & Janson, 2015). Corso, Edwards, Fang, & Mercy (2008) have also observed a significant reduction on HRQoL per year among adults who experienced childhood abuse compared with those who reported no childhood maltreatment.

The impact of child abuse on oral health has received far less attention. The few studies available have focused on the prevalence

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of oral health problems and most have shown that abused children presented with higher levels of dental caries than children who did not suffer abuse, and a high prevalence of dental trauma (Silva, Goettems, & Azevedo, 2016). However, a case-control study of child abuse victims from a foster care conducted in northeastern Brazil found a similar oral health condition when compared to individuals who were not victims of maltreatment (Moura et al., 2016).

However, the clinical parameters of oral diseases are not entirely suited to capturing the new concept of health, wherein health is not only the absence of disease, but also being in balance with the mind and social relationships, as well as the individual's perception of him- or herself in relation to quality of life (Bennadi & Reddy, 2013). In the past few decades, Oral Health-Related Quality of Life (OHRQoL) indicators have been recognised as an important tool for understanding the impact of oral health disparities on overall health and well-being and on children's quality of life (Sischo & Broder, 2011).

Thus, oral health, as a component of general health, also requires attention. It is unknown, however, whether abused children might have a different perception of problems originating from their oral condition than does the general population. As child abuse victims have a more negative perception of their quality of life (Afifi et al., 2007; Jernbro et al., 2015), probably due to psychological sequelae of the abuse and absence of family structure, it is possible that they exhibit impaired perceptions of OHRQoL.

Thus, the aim of this study was to assess and compare OHRQoL in child abuse victims with the same measure in children in the same age group not registered as having suffered abuse in a Southern Brazilian city. The study hypothesis was that abused children would exhibit greater impact on their OHRQoL than children who had not been abused and/or neglected.

2. Methods

2.1. Ethical aspects

The study was approved by the Human Research Ethics Committee of the Federal University of Pelotas, and written informed consent was obtained from each parent or guardian. Children and adolescents who needed dental treatment were forwarded to the public service at the health centre in the neighbourhood where they lived or to the Dental School of the Federal University of Pelotas. This study is a part of the Master's thesis of one of the authors that has been previously published in partial fulfilment of the requirements to obtain a Master's degree in pediatric dentistry from the university (Silva, 2017).

2.1.1. Study design, study setting, and sampling procedure

A cross-sectional comparative study was carried out in Pelotas, a Southern Brazilian city with a population estimated at 343,651 inhabitants (Brazilian Institute of Population Estimates, 2016). The study compared two independent samples of children aged 8–10 years: A convenience sample of 48 child abuse victims recruited during 12 consecutive months from a centre for Child and Adolescent Psychological Support (NACA, the acronym in Portuguese) for abused children, and 144 public and private school students. All children abuse victims referred to the centre during 12 months was invited to participate and included in the "case sample group".

The NACA centre has a team of psychologists and social workers who work in partnership with the city hall to provide this free social, psychological, and legal support centre for family members, children, and adolescents who have been victims of all types of maltreatment (sexual abuse, physical abuse, psychological abuse, and neglect). After notification of a case of abuse to the child and adolescent protective services, the case is referred to the NACA. All abused children in Pelotas are referred to this centre. The family was referred to the centre and a team of psychologists performed the attendance of the victims and their families and identified the type (s) of abuse. In some cases, the child may be in the custody of the state, but most of the children at the NACA centre live with their families.

The comparative group of children was obtained from a database study carried out in 2010 (Goettems et al., 2013; Schuch, Costa Fdos, Torriani, Demarco, & Goettems, 2015) with schoolchildren in the same age range of the child abuse victims group. This study was a multidisciplinary survey of schoolchildren from Pelotas that evaluated a representative sample of children attending public and private schools. In order to maintain proportionality, 5 private and 15 public schools were randomly selected from 25 private and 91 public Pelotas schools. Five 2nd to 6th grade classes in each school were randomly selected. More information can be obtained in the methodology article relating to the database study (Goettems et al., 2013). Data on the same variables were collected in both studies.

In order to ensure a more reliable comparison, the children were matched between groups by sex, age, and school: type of school (public or private) and school geographical localization (same school or a neighbourhood school). Children in the comparative group who matched those in the child abuse victims group were identified and in the case that more than three children could be selected a computer software was used to generate random numbers and assign the three comparative participants to be included in this study Through the records in the NACA, it was observed that four children initially selected for the comparison group had already been referred by the child protective services; they were excluded from the sample and replaced by another four children who were not registered at the centre.

Individuals with a mental disability or who were unable to understand notions of time in order to respond to the research instruments were excluded from both the abuse victims group and the comparison group.

2.1.2. Data collection

Data collection consisted of administration of the OHRQoL questionnaire, clinical examination, and collection of socioeconomic and demographic information. The clinical examination included dental caries. Children in both groups were also questioned about dental fear. The socioeconomic variables recorded were age, sex, skin colour, family income, and type of school. For the comparison group, demographic and socioeconomic data were obtained through a face-to-face interview with the child and family income was collected from their parents by means of a self-administered questionnaire; for the child abuse victims, these variables were collected