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Knowledge of dentists regarding child maltreatment: questionnaire validation

Conhecimento do cirurgião-dentista frente aos maus-tratos infantis: validação de questionário

Conocimiento del cirujano dentista frente al maltrato infantil: validación de cuestionario

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Abstract:
Child maltreatment (CM) is a public health problem involving physical, psychological, and sexual violence, as well as neglect. Considering that a large proportion of injuries resulting from CM affect the head and neck region, dentists occupy a strategic position in identifying these cases. In this context, validated instruments are essential to assess professional knowledge and performance regarding CM. Objectives: To validate the content of a questionnaire designed to assess the knowledge and performance of public healthcare dentists regarding child maltreatment. Methodology: This was a validation study of a self-structured questionnaire developed based on the scientific literature and initially composed of 19 objective questions. Validation was performed by 11 expert dentists using a Likert-type scale to assess the clarity, relevance, and pertinence of the items. The Content Validity Index (CVI) was used as the analysis criterion, adopting a minimum value of 0.78 for satisfactory validity. Results: The overall mean CVI was 0.84, with 16 items (84.2%) considered satisfactory. Unsatisfactory items were reformulated, resulting in a final questionnaire containing 21 items. Conclusion: The instrument demonstrated adequate content validity and may contribute to identifying gaps in professional knowledge and supporting training actions on child maltreatment.

Keywords:
Validation Study; Dentists; Surveys and Questionnaires; Child Maltreatment.

Resumo:
Os maus-tratos infantis (MTI) constituem um problema de saúde pública, envolvendo violência física, psicológica, sexual e negligência. Considerando que grande parte das lesões decorrentes de MTI acomete a região de cabeça e pescoço, o cirurgião-dentista (CD) ocupa posição estratégica na identificação desses casos. Nesse contexto, instrumentos validados são fundamentais para avaliar o conhecimento e a atuação profissional frente aos MTI. Objetivos: Validar o conteúdo de um questionário destinado a avaliar o conhecimento e a atuação de CDs da rede pública frente aos maus-tratos infantis. Metodologia: Trata-se de uma validação de questionário autoestruturado, elaborado com base na literatura científica, composto

inicialmente por 19 questões objetivas. A validação foi realizada por 11 cirurgioes dentistas especialistas, utilizando escala do tipo Likert para avaliação da clareza, relevância e pertinência dos itens. O Índice de Validade de Conteúdo (IVC) foi utilizado como critério de análise, adotando-se valor mínimo de 0,78 para validade satisfatória. Resultados: A média geral do IVC foi de 0,84, com 16 itens (84,2%) considerados satisfatórios. Os itens insatisfatórios foram reformulados, resultando em um questionário final com 21 itens. Conclusão: O instrumento demonstrou adequada validade de conteúdo, podendo contribuir para identificação de lacunas no conhecimento profissional e subsidiar ações de capacitação sobre MTI.

Palavras-chave:
Estudo de Validação; Cirurgiões-Dentistas; Inquéritos e Questionários; Maus-Tratos Infantis.

Resumen:
El maltrato infantil (MTI) constituye un problema de salud pública que involucra violencia física, psicológica, sexual y negligencia. Debido a que gran parte de las lesiones derivadas del MTI afectan la región de cabeza y cuello, el cirujano dentista ocupa una posición estratégica en la identificación de estos casos. En este contexto, los instrumentos validados son fundamentales para evaluar el conocimiento y la actuación profesional frente al MTI. Objetivo: Validar el contenido de un cuestionario destinado a evaluar el conocimiento y la actuación de cirujanos dentistas de la red pública frente al maltrato infantil. Metodología: Estudio metodológico de validación de un cuestionario autoestructurado, elaborado con base en la literatura científica y compuesto inicialmente por 19 preguntas objetivas. La validación fue realizada por 11 dentistas expertos mediante escala tipo Likert. El Índice de Validez de Contenido (IVC) fue utilizado como criterio de análisis, adoptándose un valor mínimo de 0,78. Resultados: La media general del IVC fue de 0,84, con 16 ítems considerados satisfactorios. Los ítems insatisfactorios fueron reformulados, resultando en un cuestionario final de 21 ítems. Conclusión: El instrumento presentó adecuada validez de contenido y puede contribuir a acciones de capacitación sobre MTI.

Palabras clave:
Estudio de Validación; Dentistas; Encuestas y Cuestionarios; Maltrato Infantil.

Introduction

Child maltreatment (CM) constitutes a succession of behaviors ranging from conditioning the child to recurrent and intentional injuries. The 1999 World Health Organization Consultation Report on Prevention of Child Abuse describes child abuse and neglect as behaviors that harm or may result in harm to the health and life of a child by responsible individuals who abuse their physical strength or the trust placed in them.[1] (KURAL; ABBASOGLU; TANBOGA, 2020).

According to the Ministry of Health, in Brazil in 2023, 146,212 reports of violence against children aged 0 to 14 years were registered.[2] A survey of data from the National System of Notifiable Diseases (SINAN) in 2023 reported that the state of Pernambuco registered 2,935 cases of physical violence against children and adolescents aged 0 to 19 years. This number

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places the state among the most affected in the country, with emphasis on the 15 to 19 age group, which concentrates the majority of notifications.[2]

In Brazil, the Federal Council of Dentistry (CFO) advises that, in cases of suspected child abuse, dentists have an ethical, legal, and moral obligation to report suspected or confirmed cases of violence against children and adolescents to the competent authorities.[3] This responsibility is based on the Statute of Children and Adolescents (ECA) [4], Ministry of Health Ordinances No. 1,968/2001[5] and No. 104/2011[6], as well as the Code of Dental Ethics[3], which establishes the dentist's duty to protect the health and dignity of children, regardless of whether they work in the public or private sector. Despite the legal implications, many professionals still face difficulties in making these notifications. Among the main obstacles are the fear of losing patients, the fear of confronting the child's legal guardians, and insecurity regarding legal involvement, especially due to the lack of clear guidelines on ideal conduct and procedures, in addition to a lack of technical and scientific knowledge on the subject. For this notification to occur properly, it is essential to understand the context of child abuse, its different types, and how to identify them. [7, 8] (AL HAJERI et al., 2018; RIOS et al., 2022).

Types of child abuse can be: physical, psychological, sexual, and neglect. Physical violence, being the most recurrent, is usually perpetrated by people close to the child or adolescent, such as parents, guardians, or family members, and involves the use of force with the intention of causing pain or injury, often leaving visible marks. Most of these injuries occur in the head and face region, highlighting the essential role of the CD (Community Development Center) in identifying and diagnosing these victims. Among the signs that can be observed are marks of aggression, areas with alopecia, and evident lesions in the perioral and intraoral region . [8] (RIOS et al., 2022). Hematomas in the most exposed orofacial regions, such as the face, ear, and neck, are significantly more frequently seen in children between the ages of 1-14 years who have suffered some type of physical violence.

Regarding child sexual abuse (CSA), although the oral cavity is a frequent site for this type of abuse, visible oral lesions or infections are rare [9] (GARROCHO-RANGEL et al., 2015). Unexplained lesions or petechiae on the palate, especially at the junction between the hard and soft palates, may indicate forced oral sex. Bite marks with ecchymosis or lacerations in an ovoid pattern also suggest possible cases of CSA or physical abuse [9, 10] (GARROCHO-RANGEL et al., 2015; GUPTA et al., 2023). Given the numerous clinical manifestations of child maltreatment conditions, the ability of dentists to identify and address such cases is put to the test. The application of questionnaires in the health field constitutes a widely used strategy for the systematic collection of information, allowing the investigation of attitudes, practices of

different populations, and knowledge, such as that of dentists in identifying this type of maltreatment.

The use of valid and reliable data collection instruments is fundamental to ensuring the quality of evidence produced in both research and clinical practice. In this context, the literature highlights that the choice or development of questionnaires should consider essential psychometric properties, such as validity and reliability, since these attributes ensure that the instrument is capable of accurately measuring the phenomenon of interest (ALEXANDRE, COLUCI, 2011). Validity, in particular, refers to the instrument's ability to assess exactly what it proposes to, being classified into different types, including content validity, considered an initial and indispensable step in the process of constructing and adapting measures. Furthermore, instrument validation involves systematized steps, such as defining the construct, developing the items, and evaluating them by experts, with the aim of ensuring the representativeness and clarity of the questions developed (ALEXANDRE, COLUCI, 2011) .

In the field of Dentistry, especially in sensitive topics such as child abuse, the use of validated instruments that allow for the reliable measurement of the knowledge and performance of dentists in the public network becomes even more relevant. Content validity, widely used in health research, is based on the judgment of experts regarding the relevance and representativeness of the items in an instrument, and may involve qualitative and quantitative approaches. [11] (ALEXANDRE, COLUCI, 2011). Among the quantitative methods, the Content Validity Index (CVI) stands out, measuring the degree of agreement among judges regarding the evaluated items, and is considered one of the most widely used procedures in this type of analysis. [11] (ALEXANDRE, COLUCI, 2011). According to the literature, the IVC allows for the evaluation of both individual items and the instrument as a whole, providing support for the revision, exclusion, or improvement of the proposed questions, thus contributing to the construction of more robust instruments that are better suited to the investigated context. [12] (POLIT, BECK, 2006).

Based on this, public healthcare workers may be the first to identify cases of child abuse and neglect (CEH), so it is essential that they have adequate knowledge about child abuse and neglect. However, there is little literature on the role of these professionals in identifying and reporting CEH, and standardized procedures are lacking in Brazil. Thus, this study seeks to validate a questionnaire that will address the level of knowledge, awareness, and attitude of CEHs towards CEHs.

2. Methodology

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2.1 Type of study

This is a questionnaire validation study.

2.2 Study Location and Study Population

This study was conducted at the Faculty of Dentistry of Pernambuco (FOP/UPE). The participants in this research were dentists from FOP/UPE. Data collection took place on the faculty's premises.

2.3 Sample size and selection of individuals

The sample consisted of a total of 11 specialist teaching individuals with academic training in the field of Dentistry who, during the research period, worked in public or private service at FOP/UPE and who spontaneously agreed to participate in this research protocol after signing the Informed Consent Form (ICF).

2.4 Evaluation Questionnaire

self-structured questionnaire written in Portuguese was validated . The questionnaire was developed based on selected literature [13, 7, 1, 8, 10] (AL-DABAAN; NEWTON; SIMAKOPOULOU, 2014; AL HAJERI et al., 2018; KURAL; ABBASOGLU; TANBOGA, 2020; RIOS et al., 2022; GUPTA et al., 2023) containing only objective questions.

Initially, the proposed questionnaire contained 19 questions that sought to investigate the knowledge and actions of dentists in the face of child abuse.

The questions were divided into 3 main groups:

- **a.** Questions 1-5 : Self-assessment and testing of training level in identifying and reporting cases of child abuse;
- **b.** Question 6 - 16: Participant's experience in suspecting cases of child abuse and their attitudes towards the case;
- **c.** Questions 17-19: Perspectives on the topic;

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The content validation of the instrument was performed using the Content Validity Index (CVI) [14] (LYNN, 1986), with the aim of quantifying the degree of agreement among experts regarding the adequacy of the questions that make up the questionnaire.

In the present study, the questionnaire was submitted, through printed material and an electronic form (Google Forms), to expert evaluation, who analyzed each item according to the criteria of clarity, relevance, and pertinence. The Likert -type scale was used. [15, 16] (LIKERT, 1932; JEBB; NG; TAY, 2021) was used and for the calculation of the IVC, responses with higher scores were considered as indicative of agreement. (Table 1)

TABLE 1 – Classification of items according to the Likert Scale , used in the validation of the instrument.

Score	Classification	Meaning
1	Invalid	The item is not representative or appropriate for the purpose of the instrument.
2	Not Very Valid	The item has low relevance and requires significant revision.
3	Valid	The item is suitable, but may require minor adjustments.
4	Very Valid	The item is clear, relevant, and appropriate, requiring no changes.

Source: LIKERT, 1932; JEBB; NG; TAY, 2021

The index was obtained from the proportion of experts who assigned positive ratings to each item, in relation to the total number of evaluators. IVC values equal to or greater than 0.78 were considered indicative of satisfactory content validity. Items with values lower than 0.78 were considered unsatisfactory and were subject to review regarding clarity and relevance or excluded from the instrument , according to the analysis of the judges' suggestions, following the recommendations of Polit and Beck (2006) [12.] (Table 2)

TABLE 2 – Calculation of IVC and Validation Reference Indices.

Determination of the Content Validity Index (CVI)

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Number of responses: 3 or 4 Number of judges		
Item-Based Questionnaire Validation Criteria		
IVC < 0.78	**IVC = 0.78**	**IVC > 0.78**
Unsatisfactory validity	Satisfactory validity	Satisfactory validity

Source: Polit and Beck (2006)

2.5 Bioethical Considerations

The research was developed in accordance with resolution number 466/2012 of the National Health Council, and the Declaration of Helsinki VI, promulgated in 2000, concerning ethics in research involving human beings. The project was submitted to and approved by the Research Ethics Committee (CEP) of the HUOC/PROCAPE Hospital Complex, under Certificate of Presentation of Ethical Appraisal (CAAE) nº 88924325.4.0000.5192.

3. Results

The sociodemographic characteristics of the evaluators are detailed in a specific graph (Figure 1).

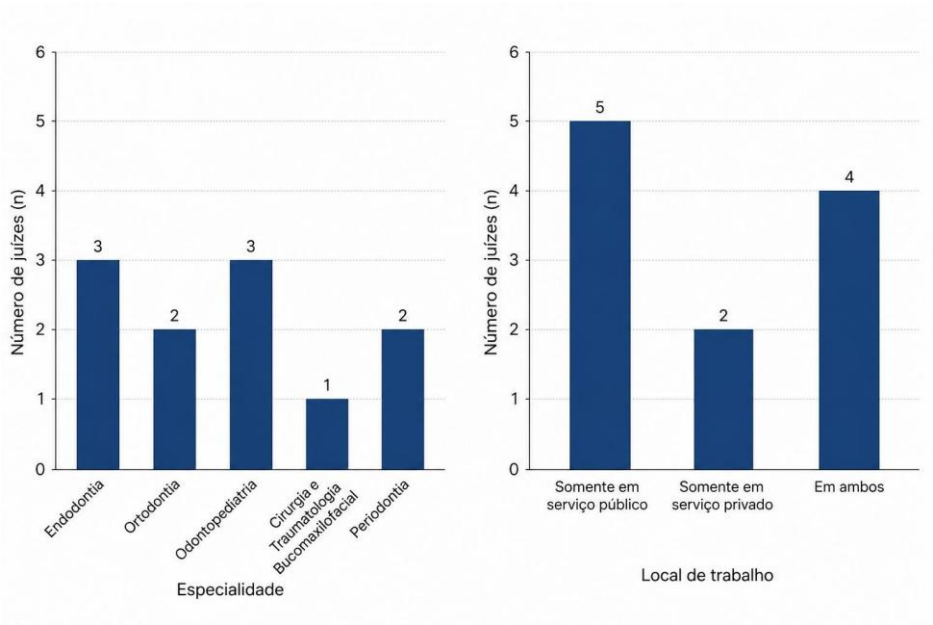

FIGURE 1: Sociodemographic characteristics of the questionnaire evaluators.
Source: Research data (2026).

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Regarding the validation results, the instrument items were analyzed for clarity, relevance, and pertinence, and the CVI (Content Validity Index) was calculated for each item. Based on the data, the highest CVI value obtained was 0.90 and the lowest value was 0.72. Eleven items (57.9%) had a CVI of 0.90, five items (26.3%) had a CVI of 0.81, and three items (15.8%) had a CVI of 0.72. The overall average CVI of the questionnaire items was approximately 0.84; thus, 16 items (84.2%) were considered satisfactory and 3 unsatisfactory. Among the 16 considered satisfactory, 11 (68.75%) required minimal adjustments and 5 (31.25%) did not require adjustments. Among the 3 unsatisfactory items, 1 item (33.3%) had its wording reformulated and 2 items (66.7%) resulted in 2 new items being added to the questionnaire, based on the suggested adjustments. No item considered unsatisfactory was excluded from the instrument. (Table 3)

TABLE 3 – Calculation of the CVI per item and classification regarding the validity of the questionnaire

Item	Number of dentists (N)	Number of responses: 3 or 4	IVC (No. 3 or 4 / N)	Rating (>= 0.78)	Interpretation and Observations
1	11	10	0.90	Satisfactory	Item validated, with suggested adjustments.
2	11	9	0.81	Satisfactory	Item validated, with suggested adjustments.
3	11	8	0.72	Unsatisfactory	It needs revision, reformulation of alternatives.
4	11	10	0.90	Satisfactory	Item validated
5	11	9	0.81	Satisfactory	Item validated, with suggested adjustments.
6	11	9	0.81	Satisfactory	Item validated, with suggested adjustments.
7	11	10	0.90	Satisfactory	Item validated, with suggested adjustment.
8	11	10	0.90	Satisfactory	Item validated, with suggested adjustment.
9	11	9	0.81	Satisfactory	Item validated, with suggested adjustments.
10	11	8	0.72	Unsatisfactory	It needs revision, reformulation of alternatives.

11	11	8	0.72	Unsatisfactory	It needs revision; the wording needs to be reformulated.
12	11	10	0.90	Satisfactory	Item validated, with suggested adjustment.
13	11	10	0.90	Satisfactory	Item validated
14	11	10	0.90	Satisfactory	Item validated, with suggested adjustment.
15	11	10	0.90	Satisfactory	Item validated, with suggested adjustments.
16	11	9	0.81	Satisfactory	Item validated, with suggested adjustments.
17	11	10	0.90	Satisfactory	Item validated
18	11	10	0.90	Satisfactory	Item validated
19	11	10	0.90	Satisfactory	Item validated

Table 4. Source: Survey data (2026)

The results demonstrated an overall average CVI of 0.84, with 84.2% of the items considered satisfactory, evidencing adequate content validity of the proposed instrument. This finding is consistent with the literature, which considers CVI values greater than or equal to 0.78 as acceptable for the validation of health instruments, especially when evaluated by a committee of experts [12] (POLIT; BECK, 2006).

4. DISCUSSION

This study presents a methodological approach similar to the work of Marengo et al. (2013) [17.] Both validations sought to develop questionnaires capable of evaluating the knowledge and performance of dentists in the face of child abuse, using systematized validation processes with the participation of specialists. However, while Marengo et al. [17] prioritized reliability and reproducibility analyses, through test-retest and Kappa coefficient, this study focused on content validation using the Content Validity Index (CVI). Both reinforce the relevance of valid and reliable instruments for identifying gaps in professional training regarding child maltreatment.

Recent studies reinforce the robustness of using the CVI as a validation method. Coluci , Alexandre, and Milani (2015) ¹⁸ highlight that average values above 0.80 indicate good representativeness, clarity, and relevance of the items, corroborating the results found in this study. Similarly, Polit and Beck (2006)^[12] point out that instruments with a high CVI show greater reliability for subsequent application in target populations, especially when there is a diversity of experts in the judgment stage.

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In the present study, it was observed that most items presented a high CVI (0.90), indicating a high degree of agreement among the judges regarding clarity, relevance, and pertinence. The need for adjustments in 68.75% of the items considered valid highlights the refining nature of the validation process, allowing for improvements in language and comprehension without compromising content. On the other hand, three items presented a CVI of 0.72, being classified as unsatisfactory. Even so, no item was excluded, but rather reformulated or disassembled, which demonstrates a consistent methodological approach aligned with current recommendations. According to Alexandre and Coluci (2011) [11], the exclusion of items should be avoided when there is a possibility of improvement, as reformulation can preserve relevant content that was initially not well understood by the evaluators. This process contributed to increasing the final number of items (21), enriching the instrument.

The use of expert judges (n=11) also proved adequate, since the literature recommends between 6 and 20 experts for content validation [19] (ZAMANZADEH et al., 2015). Lynn (1986) [14], although a classic study, still widely cited, and more recent evidence, such as Polit and Beck (2006) [12], reinforce that this number is sufficient to guarantee statistical reliability and diversity of opinions.

Among the benefits of using the CVI, its simplicity, applicability, and ability to quantify agreement among experts stand out. Furthermore, it allows for the objective identification of items requiring revision. However, this technique also has limitations. The main one is the inherent subjectivity in the judges' evaluation, which can be influenced by individual experiences and professional biases. Another relevant point is that the CVI only assesses content validity, not considering other important psychometric properties such as construct validity and internal reliability, which should be investigated in future studies applying the instrument to the target population [20] (MOKKINK et al., 2018).

Comparing with other health validation studies, the average CVI obtained (0.84) is within or above expectations. [20] Mokkink et al. (2018), using the COSMIN checklist, emphasize that instruments with good content validity indicators tend to perform better in subsequent psychometric validation stages. In this sense, the developed questionnaire shows potential for future application with dentists in the public network, as proposed in the study design.

Additionally, the construction of the instrument based on practical aspects, such as the identification of clinical signs, professional conduct, and legal knowledge, represents a significant advantage, since many studies point to gaps in the training of dental surgeons regarding child maltreatment. Thus, a validated instrument can contribute not only to situational

diagnosis but also to supporting professional training policies. Finally, it should be noted that, although the results are promising, future methodological steps are necessary, such as the pilot application of the instrument, reliability analysis, and construct validation. These steps will allow the questionnaire to be consolidated as a robust tool for use in research and in public health practice.

5. Conclusion

The development of the research instrument, designed to assess the knowledge of public dental surgeons about child maltreatment, proved adequate and confirmed the clarity, relevance, and pertinence of most items, with satisfactory content validity indices. Items that did not reach the reference value were revised according to the evaluators' suggestions, resulting in a more consistent research instrument. Thus, the final questionnaire presents evidence of content validity and can be used to identify gaps in professional knowledge and support training actions aimed at detecting and reporting child maltreatment. As a future perspective, it is recommended that the instrument be applied in different contexts and by different healthcare professionals, as well as that additional validation studies be conducted to expand its robustness and scientific applicability.

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