Summary of: A survey of attitudes, knowledge and practice of dentists in London towards child protection. Are children receiving dental treatment at the Eastman Dental Hospital likely to be on the child protection register?

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FULL PAPER DETAILS

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Objective To investigate the attitudes, knowledge and practices of general dental practitioners (GDPs), specialists and consultants in paediatric dentistry in London, towards child protection. Additionally, to determine if children attending paediatric dental casualty at the Eastman Dental Hospital (EDH) and those who need treatment of caries under general anaesthesia (GA) are on the child protection register (CPR). **Design** The survey was conducted by postal questionnaires with 14 closed questions. A total of 228 dentists were invited to participate in the study. Children who attended EDH and required treatment under GA or at paediatric dental casualty were checked against the CPR. **Results** The respond rate was 46% (105/228). Overall 15% (16/105) of dentists had seen at least one patient with suspected child abuse in the last six months, but only 7% (7/105) referred or reported cases to child protection services. Reasons for dentists not referring included: fear of impact on practice (10%; 11/105); fear of violence to child (66%; 69/105); fear of litigation (28%; 29/105); fear of family violence against them (26%; 27/105); fear of consequences to the child (56%; 59/105); lack of knowledge regarding the procedures for referral (68%; 71/105); and lack of certainty about the diagnosis (86%; 90/105). Of the 220 children attending for dental GA and casualty from October 2004 to March 2005, one child was found to be on the CPR. **Conclusion** More information and training is required to raise awareness of the potential importance of the role of dentists in child protection. Improved communication between dental and medical departments is important for safeguarding children.

EDITOR'S SUMMARY

Regular readers will have noted that we have published several papers in recent times on subjects such as child abuse, as in this paper, on domestic violence and on a range of other socially oriented matters. This is partly through peer reviewed selection and partly a reflection on the growing amount of research in these areas.

It is often said, more one suspects out of hope than out of knowledge, that it is not that child abuse is increasing only that we are now more aware of it and more able to discuss it. This paper reveals however, that while we might be apparently more open to the reality of it we are still somewhat frozen in our ability and/or our willingness to take action on it for fear of what might happen. The fear is distributed across what might happen to the child in question as well as what might happen to us as dental professionals for reporting it but in either eventuality the outcome is likely to be a perpetuation of the abuse if no action is taken.

This paper therefore brings forward two important areas to explore further. Is the reluctance to report suspected child abuse a product of the professional isolation in which we as dentists but particularly GDPs work, ie without ready contact to child support personnel; or is it a combination of lack of training, the human instinct to 'not get involved' and, more alarmingly, the attitude that this really is someone else's problem? The extent to which we will ever truly be in a position to tackle this will ultimately come down not only to our individual and collective motivation as a profession but also to the extent that wider society chooses to invest in training, support systems and action over and above merely raising awareness.

The full paper can be accessed from the *BDJ* website (www.bdj.co.uk), under 'Research' in the table of contents for Volume 206 issue 4.

Stephen Hancocks,
Editor-in-Chief

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IN BRIEF

- In the UK, specialists and consultants in paediatric dentistry consider dental neglect, as part of child abuse.
- A computerised system to track down children who have multiple admissions due to NAI or dental neglect is essential.
- Paediatric dentists see more cases of child abuse than any other group of dentists and so need more training to be able to recognise and refer these cases to the appropriate authorities.

RESEARCH

COMMENT

The publication of this paper and the tragic death of Baby P are a timely reminder of the difficulties in safeguarding children considered to be at risk.

The study raised several issues, including the fact that fear of some form of reprisal for reporting the possibility of abuse is clearly a deterrent. This is particularly true for general dental practitioners (GDPs) who are more likely to be working in isolation. The need for mandatory child protection training was also highlighted, but it would be unwise to speculate on whether this will reduce the sense of vulnerability for GDPs. So why are all the hospital consultants willing to refer children to social services compared with just 62.5% of the specialists' group and 46% of the GDPs? It is likely that all the consultants have been asked to care for children on the child protection register at some time. They are also in a position to contact more easily the necessary agencies for advice and are less concerned about reprisals outside the working environment.

GDPs may be an important group who can refer cases of suspected neglect or abuse. To do this, training and direct lines of contact to colleagues in the social services or the hospital services must be provided. The development of a system for reporting child abuse which guarantees anonymity for the GDP should seriously be considered. This may be the way forward to ensuring that more children who are at risk of harm will be placed on the child protection register

The study also raised the issue of dental caries as a possible sign of neglect. This depends on how the parents/carers respond to the necessity of dental care. It also needs to be considered in context with other signs of general lack of care and poor health.

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AUTHOR QUESTIONS AND ANSWERS

1. Why did you undertake this research?

Research about attitudes, knowledge and practice of dentists towards child protection has been carried out in the past but none of those studies involved the London area. In spite of all efforts, the number of child protection referrals by GDPs remains low. This would suggest that dentists working in London need more information about child protection. We know from cases like the Victoria Climbié investigation inquiry that the main failure in the past in detecting abused children is because of a lack of communication between agencies. Therefore the second aim of our research is to see if there are any children attending the paediatric department at the Eastman Dental Hospital who are on the child protection register held in University College London Hospital. This may reveal children for whom concerns have been already been raised regarding child protection, and provide a more comprehensive overview of a child's healthcare status and needs.

2. What would you like to do next in this area to follow on from this work?

I would like to expand this research and involve data from Muscat, Oman where I currently work and compare attitudes, knowledge and practice of child protection and referral procedures between Muscat and London.