British Society of Paediatric Dentistry
Royal College of Paediatrics and Child Health

PROCEDURES TO BE ADOPTED BY THE DENTAL PROFESSIONAL WHO SUSPECTS CHILD ABUSE

All NHS Trusts should have a **Named Doctor (ND) and Named Nurse (NN)** with particular expertise in child protection. They are responsible for ensuring dissemination of local child protection procedures and ensuring that appropriate training on child protection is in place. The Named Doctor is usually a Consultant Paediatrician or a GP. Local guidelines should be readily available to all dental staff.
The Guidelines identify key personnel together with relevant telephone numbers including those of the local Social Services and the Police Child Protection offices.

SUSPECTING ABUSE OR NEGLECT

Many forms of child abuse may involve the head, neck and face. The dentist mainly encounters physical abuse in the form of trauma to the face, teeth and mouth. Other forms of abuse (for example, emotional or neglect) will be obvious in the child's appearance, behaviour and relationships.

WHAT TO DO IF YOU SUSPECT CHILD ABUSE OR NEGLECT

Dental professionals should not intervene on their own and all suspicions should be discussed with the individual identified in the local guidelines as being the contact - usually the Named Doctor or Nurse.

1. Early consultation with this individual is advisable. They will assist and advise re: further investigation, general medical management and possible referral to Social Services
2. A full history regarding the event should be taken by the dentist and an examination made of the head, neck and face of the child.
3. There must be **full documentation** of the history, including what is said by all parties and the physical findings must be noted with annotated drawings and photography where possible.
4. Early referral to a paediatrician is advisable if there are serious injuries or grave concerns about immediate risk to the child and a parallel referral should be made to Social Services.
5. If possible the parent should be informed regarding your concerns and proposed referral. If this is likely to put the child at greater risk of harm, for example child sex abuse or fabricated or induced illness, then you must refer to the Named designated personnel without this permission, in the best interests of the child.
6. If after consultation and examination abuse is still considered a possibility, a referral will need to be made to Social Services department as the Local Authority carry the responsibility for investigating suspected child abuse.

LOCAL TELEPHONE CONTACTS

Named Doctor: ____________________

Named Nurse: ____________________

Designated Doctor: ____________________

Designated Nurse: ____________________

Paediatrician: ____________________

Local Social Service Officer: ____________________

Police Child Protection Team: ____________________

Enter the telephone numbers of the above in the spaces provided

PRESENTATIONS, INJURIES OR BEHAVIOUR THAT SHOULD ALERT THE DENTAL PROFESSIONAL TO THE POSSIBILITY OF CHILD ABUSE

Children at Risk

- Children with physical impairments or those with learning disabilities.
- Siblings of abused children.
- Children of previously abused parents.

Parents Who May be at Greater Risk of Abusing their Children

- Those who are young and have had poor parenting in their own right.
- Those experiencing domestic violence.
- Those where drugs and alcohol abuse are present.
- Those who are suffering from mental ill-health.

Suspicious Factors in the Presentation

- The account of how the injuries occurred is inconsistent with their appearance. Could they have occurred accidentally? Is the child capable of sustaining these injuries themselves?
- The apparent age of the injuries is inconsistent with the explanation given.
- There is a delay in presentation. Is there a genuine reason for this?
- There are no explanations for the injuries.
- The injuries are blamed on the siblings or animals within the household.
- There has been previous dental trauma.
- An unusual lack of parental concern at the severity or extent of the injuries.
- Comments made by the parent or child that give concern about the child's upbringing or lifestyle.

Orofacial Signs Suggestive of Abuse

- Abrasions and bruising.
- Injuries of different ages*.
- Pinch mark bruising.
- Bruising to the ears.
- Slap marks.
- Bite marks**, scalds, or finger-tip bruising.
- Cigarette burns.
- Intraoral bruises and abrasions.
- Injuries to the intraoral frenulae, where no clear history of direct trauma is offered, in a non-ambulant child.
- Head or facial injuries in infants or non-mobile children.
- Unusual injuries in inaccessible sites, e.g. the neck or the ear.

Neglect

When a child appears dirty and/or unkempt or where there is atypical behaviour, e.g. aggression or hyperactivity or sullen withdrawal, this should be discussed with the GP or Health Visitor. Similar procedures should be observed when parents behave aggressively towards their children or show unusual behaviour towards dental staff. This particularly applies if parental drug or alcohol abuse is suspected. Untreated dental caries and failure to access dental services may be a marker of neglect.

*Note it is impossible to age bruising

**Bites require urgent referral to a paediatrician for swabbing for DNA and photography. A forensic odontologist can be very helpful in giving advice.

Multiagency working and sharing of information may be critical to the overall management of the child and family.

PRINCIPLES

Informed Consent

Consent to dental examination should be obtained from an adult with parental responsibility for the child, and from the child, in a manner appropriate for age and level of understanding. Dental examination can be carried out with the child's consent alone when, in the opinion of the dental professional, the child has sufficient understanding.

Refusal to Give Consent

If the carer or the child refuses to give consent or to co-operate with admission or treatment, the dental professional should inform the named/designated contact person in local guidelines immediately if the child requires urgent attention or is a risk of harm. It may be necessary to consider emergency legal action, initiated by the Social Services Department or the Police.

Children's Rights

Children have a right to know what is going on and their views and wishes should be taken into consideration. Promises that cannot be kept, should not be made.

The child should be given the opportunity to explain what has happened to them, but probing and confrontational "disclosure" interviews should not be carried out. Physical examinations should be few, and carried out in a suitable environment by appropriately trained staff and in the presence of a trusted adult. (This may not be the parent/carer.)

Parents' and Carers' Rights

Carers are entitled to know what is going on and to be helped to understand the steps being taken, but the child's welfare is paramount. If the child is under a Child Protection Order or accommodated by the Local Authority, arrangements for contact with the family and examination of the child should be clarified with Social Services.

Evidence

Therapeutic needs take precedence over evidential requirements. Accurate and unbiased records are essential for case conferences and legal proceedings, in which the dentist may have a duty to become involved.

References

- What to do if you're worried a child is being abused. Department of Health 2003. HMSO London
- The orofacial signs of child abuse. Br Dent J 1998; 2: 61-65
- Injuries to the head, face, mouth and neck in physically abused children in a community setting. Int J Paed Dent. 2005; 15:311-319
- The management of abuse: a resource manual for the dental team. Newton et al., 2005. www.shancockltd.com