ABSTRACT

Oral health practitioners’ knowledge and attitudes about child abuse and neglect

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Child abuse and neglect (CAN) is a significant issue for New Zealand – evidence suggests at least one in five children have had statutory child protection reports, with approximately 10% substantiated (Roulund & Vaithianathan, 2018). Given that the government provides free dental care to tamariki, and oral manifestations of CAN are commonly evident (Sarkar et al., 2021), oral health practitioners (OHP) are in a critical position to detect signs and symptoms of CAN and report to child protection agencies. The government’s guidelines and legislation support OHP’ roles in child protection, yet there is a gap between policy and practice. Oral Health Therapists (OHTs) and Dental Therapists (DTs) provide dental care to children and adolescents aged under 18 years old in public and private dental sectors. Descriptive exploratory survey research was conducted to understand the knowledge and attitudes of OHTs and DTs in detecting and reporting CAN in a dental setting. Findings of the anonymous survey (n = 92, response rate = 15.8%) indicated 77% of participants had suspected CAN during their careers; however, only 21% have ever reported a suspected case. OHTs and DTs have encountered an average of 6.8 potential CAN cases during their careers. Still, only 1.8 potential cases were reported to child protection agencies. Participants identified fear of false reporting (70%) and further violence (57%), and a lack of knowledge to detect (48%) and report (56%) as potential barriers. Findings confirmed knowledge and attitude gaps of OHTs and DTs towards CAN. Inadequate knowledge of reporting processes and ethical dilemmas were common barriers to taking action. Such an effort to enhance the knowledge and attitudes of OHTs and DTs will be necessary to promote child safety and wellbeing. In this presentation, I will discuss potential areas to focus to improve OHP’s responsiveness in child protection.

References