

Child Abuse and Neglect: Implications for the Dental Professional

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Continuing Education Units: 2 hours

Online Course: www.dentalcare.com/en-US/dental-education/continuing-education/ce49/ce49.aspx

Disclaimer: Participants must always be aware of the hazards of using limited knowledge in integrating new techniques or procedures into their practice. Only sound evidence-based dentistry should be used in patient therapy.

Note to State of Pennsylvania dental professionals: This course is not approved for Pennsylvania's Department of Public Welfare Act 31. [Click here](#) for a list of Act 31 Child Abuse Recognition and Reporting CE providers.

This continuing education course will provide information on the various types of child abuse and neglect; describe its victims and perpetrators; and outline the dental professionals' responsibilities in the recognition, reporting, treatment, and prevention of such cases.

Dental Students: This is part two of a two part continuing education training program. The first part is Dr. Amos Deinard's "*Intimate Partner Violence and Elder Maltreatment*" training course. For students taking this training program, both parts must be taken. Your test results will be submitted to your school's designated course manager so that you can be credited for completing this course.

Conflict of Interest Disclosure Statement

- The authors report no conflicts of interest associated with this work.

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Overview

Child abuse and neglect (maltreatment) is a widespread problem that permeates all ethnic, cultural, and socioeconomic segments of our society. Over the past two decades, the incidence of child abuse and neglect has increased dramatically, to the point where approximately 3.6 million cases were reported, with twenty-five percent substantiated as victims of child maltreatment, in 2005.^{1,2} All health professionals are legally mandated to report suspected cases of child maltreatment to the proper authorities, consistent with the laws of the jurisdiction in which they practice.³ But dentists, as a group, have been fairly inactive participants in recognizing and reporting child maltreatment when compared to other health professionals. This lack of involvement is especially unfortunate in light of recent hospital studies which indicate that injuries to the head and neck occur in 65 to 75 percent of the cases of physically abused children.⁴⁻⁶ Additionally, many visual and behavioral symptoms of sexual and emotional abuse and neglect are easily discernable to dentists who are well-informed of and alert to this problem.

This continuing education course will provide information on the various types of child abuse and neglect; describe its victims and perpetrators; and outline dentists' responsibilities in the recognition, reporting, treatment, and prevention of such cases.

Learning Objectives

Upon completion of this course, the dental professional should be able to:

- List the four main types of child abuse and neglect.
- Better understand the dentists' obligations in identifying and reporting abuse or neglect.
- Describe the incidence and etiology of child maltreatment.
- Describe the physical and emotional characteristics of both the victims and perpetrators of child abuse and neglect.
- Identify the various signs and symptoms of child maltreatment in relation to both the types of abuse and neglect and the range of locations on the body where they may be found.
- Understand the proper techniques for the evaluation or assessment of a child suspected of having been abused or neglected.
- Explain measures that dentists' can take to prevent further instances of maltreatment.
- Describe the treatment, and its limitations, that dentists should provide to children believed to have been abused or neglect.
- Grasp the magnitude of this problem and how it affects not only its victims but also society as a whole.

Course Contents

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- The Dentists' Role in Child Abuse and Neglect Intervention
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Problem: Child Abuse and Neglect (Maltreatment)

There are four basic types of child abuse and neglect, each with its own distinct signs and symptoms. Being knowledgeable of each allows the dentist to detect the physical and emotional manifestations of this disease. The main types of child maltreatment are shown in Table 1.

The Dentists' Role in Child Abuse and Neglect Intervention

In order to properly comply with the legal mandate for all health professionals to report suspected cases of child maltreatment, dentists must be cognizant of their responsibilities as outlined by the American Dental Association.⁷ These responsibilities include:

- To observe and examine any suspicious evidence that can be ascertained in the office.
- To record, per legal and court rules, any evidence that may be helpful in the case, including physical evidence and any comments from questioning or interviews.
- To treat any dental or orofacial injuries within the treatment expertise of the dentist, referring more extensive treatment needs to a hospital or dental/medical specialist.
- To establish/maintain a professional therapeutic relationship with the family.
- To become familiar with the perioral signs of child abuse and neglect and to report suspected cases to the proper authorities consistent with state law.

Incidence of Child Abuse and Neglect

Child abuse and neglect is found in all cultural, ethnic, and socioeconomic segments of society. Each year, millions of children are reported

to area children's protective services or law enforcement authorities as suspected victims of child maltreatment. The following facts provide a general overview of the incidence of child abuse and neglect.^{1,4-6,8-10}

- Estimates of deaths associated with child abuse or neglect range from three to 13 per day, with children 0 – 3 years of age accounting for over 75 percent of fatalities.
- With the exception of a greater incidence of sexual abuse among females, both sexes are equally likely to be maltreated.
- Approximately 60 percent of all substantiated cases of child maltreatment involve neglect of some form.
- Physical abuse is found in approximately 20 percent of substantiated cases of child maltreatment and is responsible for over 50 percent of the child abuse related deaths each year.
- Hospital studies have shown that between 65 and 75 percent of all non-accidental injuries to children involve the head, face, mouth, or neck, suggesting that dentists may come into contact with a significant number of abused children.
- There is a decrease in both the frequency and severity of physical abuse with an increase in age.
- Age appears to be a factor with regard to both type and location of injuries associated with physical abuse.

Etiology: Why do People Abuse or Neglect Children?

For abuse or neglect to occur, these key elements must be present: an adult who's potential for maltreatment has been reached, the presence of a susceptible child, and the environment or situation that promotes the abusive or neglectful

Table 1. Types of Child Maltreatment

Types of Abuse	Description
Physical abuse:	Any non-accidental injury or trauma to the body of a child by a parent, guardian, or sibling.
Sexual abuse:	Any sexual behavior or activity with a minor or the exploitation of a minor, by an adult, for the sexual pleasure of someone else.
Emotional abuse:	A pattern of behavior that retards a child's development and self-esteem such as constant criticizing or belittling or not providing love or guidance.
Neglect:	Occurs when an adult knowingly permits a child to endure pain or suffering or fails to provide the basic prerequisites for proper maturation. Includes subcategories of physical, emotional, and medical (dental) neglect.

behavior. Most episodes of child abuse and neglect take place within the child's family and are symptomatic of the family's dysfunctional nature.¹¹ Approximately 80 percent of the perpetrators of child maltreatment are parents. The majority of abuse perpetrators are males with females being in the majority of those who neglect.¹² The following composites of the abusive adult and the maltreated child will hopefully assist dentists and their staff to identify suspected cases of abuse or neglect:

Abusive or Neglectful Adults^{13,14}

- Young, usually between 20-30 years of age
- Emotionally immature
- Socially isolated
- Poorly controlled aggressive tendencies
- Impulsive, self-centered
- Competes with child/children for attention
- Psychologically or physically ill
- Economically disadvantaged
- Present or past history of substance abuse
- Abused as a child

Abused or Neglected Children^{15,16}

- Youngest in a large family
- Physical or mental disabilities
- Product of an unwanted pregnancy
- Premature or low birth weight
- Possess characteristics evoking negative responses from parent

Additional conditions or situations that may lead to added stress on an already fragile atmosphere include changes to the financial situation, employment status, and the family structure.

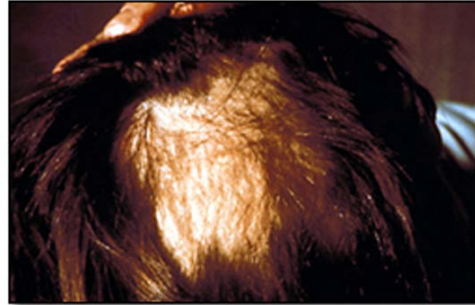
Identification: Physical Abuse

For the dental professional to be able to identify the signs of maltreatment that a child may present with, he or she must be knowledgeable of not only the types of abuse or neglect, mentioned previously, but the various physical and behavioral manifestations that may be exhibited. The ability to properly identify suspicious injuries to the head, face, mouth, and neck of a child is imperative for dentists. The following information outlines the signs and symptoms of the four types of child maltreatment with emphasis placed on the locations on the child where they may occur.

Physical Abuse may result in numerous types of injuries including contusions, ecchymosis,

abrasions, lacerations, fractures, burns, bites, hematomas, retinal hemorrhaging, traumatic, and dental trauma. A list of head and orofacial injuries that dentists should be alert for include:

Head Injuries^{15,17-19}



- Scalp and hair – subdural hematomas (cause more serious injuries and deaths than any other form of abuse), traumatic alopecia, subgaleal hematomas, and bruises behind the ears
- Eyes – retinal hemorrhage, ptosis, and periorbital bruising
- Ears – bruising of the auricle and tympanic membrane damage
- Nose – nasal fractures or an injury resulting in clotted nostrils

Orofacial Injuries^{17,20,21}



- Lips – lacerations, burns, abrasions, or bruising
- Mouth – labial or lingual frenum tears (characteristic of more severely abused children), burns or lacerations of the gingiva, tongue, palate, or floor of the mouth
- Maxilla or mandible – past or present fractures to facial bones, condyles, ramus, or symphysis of mandible. Malocclusion may be a result of this type of injury

Bite marks

This type of injury is usually associated with

physical or sexual abuse. In such suspected cases, a forensic pathologist or odontologist should be contacted.^{22,23}



- Many times misdiagnosed as simple childhood bruises
- Typically oval or circular configuration
- An area of hemorrhage, representing a “suck” or “thrust” mark, may be found between tooth marks, suggesting physical or sexual abuse
- Although marks may occur anywhere on a child’s body, the most common sites are the cheeks, back, sides, arms, buttocks, and genitalia

Identification: Sexual Abuse

While dentists are not as involved as other health professionals in the diagnosis of *sexual abuse*, they should remain alert for the following signs and symptoms:

Orofacial Manifestations^{20,24}



- Gonorrhea – most commonly sexually transmitted disease in sexually abused children. May appear symptomatically on lips, tongue, palate, face, and especially pharynx in forms ranging from erythema to ulcerations and from vesiculopustular to pseudomembranous lesions.
- Condylomata Acuminata (venereal warts) – appear as single or multiple raised,

pedunculated, cauliflower-like lesions. In addition to the oral cavity, lesions may also be found on the anal or genital areas.

- Syphilis – manifests as a papule on the lip or dermis at the site of inoculation. The papule ulcerates to form the classic chancre in primary syphilis and a maculopapular rash in secondary syphilis.
- Herpes simplex virus, Type 2 (HSV-2) – Herpes simplex virus, type 2 (genital herpes), presents as an oral or perioral painful, reddened area with a grape-like cluster of vesicles (blisters) that rupture to form lesions or sores.
- Erythema and petechia – such trauma at the junction of the hard and soft palate may indicate forced oral sex.

Identification: Emotional Abuse

Although difficult to diagnose, a child enduring *emotional abuse* may exhibit the following behavior and physical indicators:^{25,26}

- Lack of self-esteem
- Poor social skills, often antisocial
- Developmentally delayed
- Passive and aggressive – behavioral extremes
- Pronounced nervousness, often manifested in habit disorders such as sucking and rocking. May self-inflict injuries such as lip or cheek biting.

Identification: Neglect

Neglect is often misunderstood and misdiagnosed. Physical/behavioral indicators include:

General Neglect^{27,28}

- Constant hunger
- Lack of supervision
- Fatigue or listlessness
- Unattended medical needs
- Poor personal hygiene
- Inappropriate or inadequate clothing

Dental Neglect^{17,29}



- Untreated rampant caries easily detected by a lay person
- Untreated pain, infection, bleeding, or trauma affecting the orofacial region
- History of lack of continuity of care in the presence of identified dental pathology

Assessment: History Taking and Diagnosis

A key diagnostic feature of abuse or neglect is a discrepancy between the clinical findings and the history given for the problem by the parent or caregiver. Most parents who accompany their injured child to the physician or dentist act in a concerned manner, asking questions regarding the health status of their child. Some parents may even feel an unwarranted guilt that, to some degree, they are responsible for the injury to their child. Abusive adults usually have no questions and may appear withdrawn or unconcerned.³⁰ Many wait hours or even days before seeking medical or dental attention for their child, even in situations of life-threatening injuries. The following action outlines what the dentist should do in cases of suspected cases of child maltreatment:

- Before treatment begins, the child should be evaluated for any physical or behavioral signs of maltreatment.
- If abuse is suspected, question the child first, away from the parent, about the cause of his or her injury. Seek the same information from the parent(s) to see if both accounts are similar.
- Note findings in the patient's chart with detailed description of the injuries and accounts given for their occurrence.
- The dentist should always document personal opinion why child maltreatment is suspected.
- If a report will be filed with proper authorities, the parent(s) should always be informed.

Treatment: For Orofacial or Dental Trauma

In child abuse and neglect cases where the injury or problem is restricted to the mouth, if the dentist feels competent to treat the case, treatment should be initiated. More extensive trauma such as fractures, lacerations, or serious injuries to the head, body, or extremities should be referred to the appropriate medical/dental specialists. If the dentist is convinced the child's life is in danger due to either the injuries sustained or to the potential for further injury, the child should be referred

directly to a hospital or turned over to the proper local authorities. The dentist should always call ahead to the hospital or specialist, noting his or her concern of possible abuse or neglect.

Long-Term Effects of Child Maltreatment

The consequences of child abuse and neglect can be categorized as physical, psychological, behavioral, and societal, each with implications with one or more of the other categories. Physical abuse resulting in damage to a child's developing brain can lead to psychological repercussions such as emotional problems or an interruption in cognitive development. Psychological problems are often revealed as high-risk behaviors including anxiety or depression. Such behaviors often times increase the probability of an individual smoking, overeating, or becoming addicted to alcohol or other drugs. These, in turn, may result in long-term physical problems that include cancer, obesity, or sexually-transmitted diseases. Child maltreatment effects society directly in the cost to investigate and prosecute reported and substantiated cases of child abuse and neglect, respectively, as well as the higher incidence of unemployment and poor health.³¹

Prevention

Dentists, as a member of the health profession team, have the opportunity to assist in the prevention and/or reoccurrence of abuse and neglect of children. This needed assistance is categorized and described below:

Health Promotion

- Make sure every member of the dental office team is aware of the signs and symptoms of child maltreatment and committed to recognizing and reporting instance of abuse and neglect.
- Dentists, as health professionals, are mandated to report suspected cases of child maltreatment, with immunity granted to voluntary reporters acting in good faith.
- Reports should be made to local protective services or law enforcement agencies, or through the National Child Abuse Hotline, and should include the name, age, and address of the child, the nature and extent of his or her injury, the person believed to be responsible for the abuse or neglect, and any evidence of previous abuse or neglect.

Health Education

Dentists can be a major force in the secondary and tertiary prevention of dental neglect through the effective education of parents and children who are either at risk or where it has been determined that dental neglect of a child exists.

- Council parents on the importance of good oral hygiene and routine dental care.
- If financial or transportation obstacles exist, provide information to parents about government-sponsored dental care.

Professional Education

The following education or re-education of dental students and dentists, respectively, should be the focus of dental institutions and local and state dental associations:

- Increase exposure of dental students to the issue of child maltreatment in their undergraduate dental curricula.
- Mandate dentists to submit a proof of completion on a child abuse and neglect continuing education course to their respective licensing boards.

Conclusion

Through early detection and reporting, dentists have the opportunity to prevent further injury or neglect to children suspected of having been maltreated. In instances where a previously abused child is returned to the environment that fostered the abuse, without any intervention (reporting or family therapy), 25 percent



were seriously reinjured and 5 percent were killed.¹⁰ Child maltreatment is a cyclic disease with abused children often becoming abusive parents.¹² Between 30 and 60 percent of abusive parents admit to being abused or neglected as a child.³² Ninety percent of males in prisons were abused as a child with over 50 percent of violent female criminals admitting to being sexually and/or physically abused as children.¹² As reported by the United States Advisory Board on Child Abuse and Neglect, “the United States spends billions of dollars on programs that deal with the results of the nation’s failure to prevent and treat child abuse and neglect.”³³ Dentists have the obligation to assist these children through proper identification, diagnosis, and reporting suspected cases. Early attention is crucial to disrupting the cycle of abuse and neglect. It benefits not only the child but society as well.

Course Test Preview

o receive Continuing Education credit for this course, you must complete the online test. Please go to: www.dentalcare.com/en-us/dental-education/continuing-education/ce49/ce49-test.aspx

1. _____ is NOT one of the basic types of child maltreatment.
 - a. Sexual abuse
 - b. Neglect
 - c. Physical abuse
 - d. Social abuse

2. Child abuse and neglect is _____.
 - a. specific for low-income families
 - b. found more often in rural communities
 - c. found in all cultural, ethnic, and socioeconomic segments of society
 - d. less prevalent in the United States than in the rest of the world

3. Which of the following statements is TRUE?
 - a. Only nurses and physicians must report child abuse and neglect.
 - b. All health professionals are legally mandated to report suspected cases of child maltreatment consistent with state laws.
 - c. Pediatric dentists and oral surgeons are the only members of the dental profession who must report child abuse and neglect.
 - d. Dental hygienists are not required to report suspected cases of child maltreatment.

4. Which of the following roles or responsibilities of dentists is NOT outlined by the American Dental Association?
 - a. To record any evidence that may assist in the legal proceedings of a child maltreatment case.
 - b. To be aware of the signs and symptoms of child abuse and neglect.
 - c. To treat all injuries exhibited by a child suspected to have been physically abused.
 - d. To establish/maintain a professional therapeutic relationship with the family.

5. Approximately _____ children are reported each year as suspected victims of child maltreatment.
 - a. three million six hundred thousand
 - b. five hundred thousand
 - c. two million four hundred thousand
 - d. ten million

6. What percentage of reported cases of child abuse and neglect are substantiated?
 - a. 20
 - b. 40
 - c. 90
 - d. 10

7. Estimates of deaths occurring each day as a result of child maltreatment range from _____.
 - a. 20-30
 - b. 1-5
 - c. 35-50
 - d. 3-13

8. Hospital studies have indicated that injuries to the head, face, mouth, and neck occur in _____ percent of cases involving non-accidental injuries to children.
- 10-25
 - 65-75
 - 40-50
 - 95-100
9. Which of the following is necessary for abuse or neglect to occur?
- A susceptible child.
 - An adult whose potential for maltreatment has been reached.
 - An environment or situation that promotes abusive or neglectful behavior.
 - All of the above.
10. _____ is NOT a characteristic of an abusive or neglectful adult.
- Middle-aged, between 40-50 years old,
 - Socially isolated
 - Abused as a child
 - Emotionally immature
11. Maltreated children are usually _____.
- the youngest in a large family
 - physically or mentally disabled
 - the product of an unwanted pregnancy
 - All of the above.
12. _____ is NOT an example of an injury to the eyes of a physically abused child.
- Retinal hemorrhage
 - Ptosis
 - Traumatic alopecia
 - Periorbital bruising
13. _____ is characteristic of more severely abused children?
- Labial or lingual frenum tears
 - Nasal fractures
 - Fractures of the maxilla or mandible
 - Tympanic membrane damage
14. Bite marks are usually associated with _____ types of abuse.
- sexual and emotional
 - physical and sexual
 - neglect and physical
 - emotional and dental neglect
15. Examples of orofacial manifestations of sexual abuse include _____.
- syphilis
 - herpes simplex virus, Type 2
 - erythema and/or petechia of palate
 - All of the above.

16. Injury to the lips of an emotionally abused child may include _____.
- piercing
 - cracking
 - lip biting
 - burns
17. Which of the following untreated conditions is NOT associated with dentally-neglected children?
- Rampant caries
 - Aphthous ulcers
 - Pain
 - Infection
18. An important diagnostic behavioral difference between abusive and non-abusive parents is _____.
- fear of dental treatment
 - lack of concern by the abusive parent
 - financial problems
 - unwarranted guilt by the abusive parent
19. Dentists have the opportunity to assist in the prevention and reoccurrence of child maltreatment by _____.
- making sure that every member of the dental office team is aware of the signs of child maltreatment
 - counseling parents on the importance of good oral hygiene and routine dental care for their children
 - reporting suspected cases of child abuse and neglect to the proper authorities
 - All of the above.
20. In instances where a previously abuse child is returned to the environment where past abuse occurred, _____ percent were seriously reinjured and _____ percent were killed.
- 25 / 5
 - 50 / 15
 - 35 / 20
 - 15 / 10
21. Which of the following is NOT considered one of the long-term consequences of child abuse and neglect?
- Psychological
 - Physical
 - Biological
 - Societal
22. Approximately _____% of all substantiated cases of child maltreatment involves some form of neglect?
- 25
 - 45
 - 60
 - 75

- 23. Female perpetrators account for the majority of which type of child maltreatment?**
- a. Sexual
 - b. Physical
 - c. Emotional
 - d. Neglect
- 24. If a report will be filed with the proper authorities, the parent(s) should not be informed?**
- a. True
 - b. False
- 25. Physical abuse is found in _____% of substantiated cases of child maltreatment, but accounts for over _____% of the child abuse and neglect-related deaths each year?**
- a. 35 / 15
 - b. 20 / 50
 - c. 40 / 75
 - d. 55 / 90

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