

Detecting Child Abuse and Neglect — Are Dentists Doing Enough?

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A b s t r a c t

Dental health professionals continue to under-report child abuse, despite growing awareness of their potential role in detecting this crime. This article presents an overview of child abuse and neglect and outlines the indicators that may alert dental professionals to possible maltreatment of child patients. Documentation protocols are also provided to aid in reporting child abuse identified in the dental office.

MeSH Key Words: child abuse; dentists; social responsibility

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Maltreatment of children continues to be a major social and health problem. Abuse often results in countless tragedies involving the physical, cognitive or emotional impairment of a child that may extend into adulthood. Its impact causes enormous financial stress on the welfare and health care systems. Although recent Canadian figures are not available, it is estimated that in the United States the annual cost of caring for children seriously injured through maltreatment is \$500 million.¹

The long-term effects of child abuse are painful and damaging. Victims are at higher risk of becoming violent adult offenders.² They often experience more social problems and perform less well in school.³ Survivors of sexual abuse tend to harbour feelings of low self-esteem and extreme depression and often experience a higher than normal incidence of substance abuse and eating disorders.³ Experts predict that violence toward children will continue to rise and to have a significant impact on the social system. Efforts should be made by all citizens to intervene and stop child abuse.

Some studies estimate that 50% of all injuries involve the head and neck region, which places dentists at the forefront of abuse detection.⁴ Undergraduate dental education on this subject is now incorporated into the curricula of most Canadian dental schools. In 1985, Carlin reported an average of 1.45 hours of class time dedicated to the subject.⁵ Recent surveys have shown that dental health professionals' awareness of child abuse has significantly increased.^{6,7} Despite this training, it is widely believed that abuse is still being under-reported by health care professionals, including the dental community.

One U.S. study found that only one in three cases of certain abuse which become known to health professionals is actually reported.⁸

Health Canada defines child abuse as mistreatment by a parent, guardian, caregiver or other person in a position of trust that results in injury or significant emotional or psychological harm to the child.⁹

- Physical abuse means any force or action that exceeds the force considered reasonable for disciplining a child and that results in non-accidental injury.
- Sexual abuse involves any sexual exploitation (non-consensual or consensual) including, but not limited to, intercourse, oral sex and fondling.
- Emotional abuse includes acts of commission or omission by a parent that may lead to long-term and serious emotional disorders. Examples include social isolation, rejection, humiliation and placing unrealistic demands on a child.
- Neglect occurs when parents do not provide the requisites necessary for the child's emotional, psychological and physical development. Emotional neglect involves the absence of feeling loved, safe and worthy. Physical neglect involves lack of proper nutrition, shelter, clothing, medical care and protection from harm.

The Numbers on Abuse

Statistics have been difficult to generate because child abuse is a secretive behaviour and because each province and territory compiles its own figures based on local definitions. A

study by Wang and Daro reported that more than three million cases of child abuse were received by United States child protection agencies in 1996.¹⁰

Currently, 47 out of every 1,000 children in the United States are suspected victims of maltreatment. The incidence rate is thought to be similar in Canada. However, reporting levels do not mirror incidence levels. The high incidence of false reporting may lead many health professionals to think that the reporting system is out of control, and may deter some practitioners from reporting suspected cases of abuse. However, failure to report may be a significant mistake, since 40% of deaths from abuse or neglect involve children already reported to child protection services.¹⁰ A 1981 survey indicated that 50% of children who are severely beaten would die as a result of being abused again.¹¹

Health Canada reports that in the past 10 years, there has been a substantial increase in cases of suspected abuse and neglect, which may be due to the increased awareness of the physical signs of abuse. Individual provincial reporting has shown a substantial increase in abuse cases.¹² In British Columbia, for a ten-year period beginning in 1974, reports of abuse rose more than 1,100%. The child abuse register in Manitoba has shown an eight-year growth of 289% for the period ending in 1986.⁸ Comparable figures exist in other jurisdictions as well.¹³

Abuse is a cyclical and episodic event that may continue until the victim dies. Approximately 3,000 children die of abuse in the United States each year. Of the reported child deaths in 1996, 77% of the victims were under five years of age while 45% were less than a year old.¹⁰

How Do You Identify an Abuser?

Abusers come from all walks of life, regardless of socio-economic status and educational, family, religious or cultural background. Abuse isn't less common in affluent families, it's just hidden better. Stress on families can contribute to the maltreatment of children. Typical problems include financial stress, family separation, illness, substance abuse, unemployment and overcrowded housing. Perpetrators of abuse are relatively young, often under 25 years of age. Most are of normal intellect, and mental illness is rarely a factor.¹⁴ One parent may be the abuser while the other may hide the abuse.

Are We Doing Enough?

There are a variety of reasons why dentists fail to report child abuse. A 1986 survey determined that ignorance of the problem and a lack of awareness are the major barriers.¹³ Other reasons include fear of dealing with angry parents or of getting involved, refusal to believe that parents are neglectful, or concern over economic reprisal in the form of loss of patients. Dentists who have been educated to recognize signs of abuse and neglect are five times more likely to make a report than dentists who are not.¹³

Dentists are mandated by law to report any suspicion of child abuse and neglect in all provincial jurisdictions except the Yukon. Dentists are protected from liability as long as

Table 1 Clinical signs of child maltreatment

At reception
<ol style="list-style-type: none"> 1. Routinely observe children for unusual behaviour. Evaluate hygiene, outward signs of proper nourishment, and general health. Is the child's clothing appropriate for the present weather? 2. Are there any wounds or bruises on the child's face or body? 3. How does the child respond to others? Abused children may act aggressively by showing inappropriate anger and loss of control, or they may be sullen, stoic or withdrawn.
Extraoral examination
<ol style="list-style-type: none"> 1. Examine the head and neck for asymmetry, swelling and bruising; inspect the scalp for signs of hair pulling; check the ears for scars, tears and abnormalities (Fig. 1). 2. Look for bruises and abrasions of varying colour, which indicate different stages of healing. Check for distinctive pattern marks on skin left by objects such as belts, cords, hangers or cigarettes (Figs. 2A and 2B). 3. Examine the middle third of the face for bilateral bruising around the eyes, petechiae (small red or purple spots containing blood) in the sclera of the eye, ptosis of the eyelids, or a deviated gaze, a bruised nose, deviated septum or blood clot in the nose. 4. Check for bite marks, which may be the result of uncontrollable anger by the adult or another child. Bite marks in areas that cannot be the result of self-inflicted wounds are never accidental.
Intraoral examination
<ol style="list-style-type: none"> 1. Burns or bruises near the commissures of the mouth may indicate gagging with a cloth or rope. Scars on the lips, tongue, palate or lingual frenum may indicate forced feeding. Oral manifestations of sexually transmitted diseases may indicate sexual abuse. 2. A torn labial frenum is an intraoral finding that may indicate abuse. Remember that a child's age is an important consideration since a frenum tear in a young child who is learning to walk is not unusual (Fig. 3). 3. The cause of hard tissue injuries due to trauma, such as fractured or missing teeth or jaw fractures, should be investigated.

reports are made with reasonable grounds and without malice. Practitioners can be held legally responsible by the victim for failure to report when there is reasonable cause.

What to Look For

Screening for maltreatment should be an integral part of any clinical examination performed on a child. Although



Figure 1: When evidence of traumatic injury is discovered, efforts should be made to determine if the cause was accidental or intentional.



Figure 2A: Cigarette burns resulting from excessive discipline or torture can be identified in the dental office.



Figure 2B: Photographs should include a ruler placed beside the injury to help record its size.



Figure 3: A common intraoral sign of abuse is a torn or bruised labial frenum.

many injuries are not caused by abuse, dentists should always be suspicious of traumatic injuries.

By providing continuing care, dentists are in a unique position to observe the parent-child relationship as well as changes in the child's behaviour. A parent may bring a child to the dentist to have loose or broken teeth treated, but may not seek treatment from a physician for other types of injuries. **Table 1** contains a description of the clinical signs of child maltreatment that may be observed in the dental office. The high frequency of facial injuries associated with physical abuse places the dentist among the first line of professionals to detect and treat an abused child.

Dental Neglect

Do untreated caries indicate neglect? Often a parent's ability to pay for comprehensive dental treatment is the main reason for avoiding appropriate therapy. Notwithstanding this dilemma, the American Academy of Pediatric Dentistry defines neglect as failure by a parent or guardian to seek treatment for visually untreated caries, oral infections and pain, or to follow through with treatment once informed that the conditions exist.¹⁵ Indicators of dental neglect include:

- untreated, rampant caries that can be easily detected by a lay person;
- untreated bleeding or trauma affecting the orofacial region;
- lack of continuity of care in the presence of previously identified pathoses.

Many parents plead ignorance when it comes to the caries seen in baby bottle tooth decay, believing that the primary teeth will eventually be lost. But these circumstances are considered negligent, and there is a need for intervention when a parent fails to act after being properly informed about the nature of the problem and the specific treatment needed.

Documentation and Intervention

Most injuries from an accidental fall are uniplanar (i.e., located on the front surface of the body). This is much different from the typical injuries of physical abuse, which are multiplanar. The dentist should routinely question the child and the parent separately about what caused any observed injuries and a staff member should be present to act as a witness. Open-ended questions should be asked to avoid accusatory implications. Are the accounts of the injuries given by the child and the parent the same? Are they reasonable and

consistent with the type of injury observed? Injuries that are inconsistent with the described history should be treated as suspicious and documented in the patient's chart.

Adequate documentation of suspected cases includes photographs and radiographs of the structures involved. Photographs should include a ruler placed beside the injury to help record its size. Detailed written notes should be made in the dental chart with respect to the location, appearance, severity and distribution of the injuries.

If doubt exists as to whether to submit a report or not, consultation with the patient's physician, a social worker or local authorities is recommended. Other practitioners in contact with the child may have similar suspicions and may be willing to discuss them. Consultation with a dental colleague who has experience in child abuse cases may also be helpful.

Reporting Suspicions

Dentists who report cases of suspected child abuse often ask if the parents should be informed. Obviously, it can be extremely difficult to confront a parent with whom a professional relationship has been established. Parents or caretakers do not have to be told when a report is filed. Generally, it is suggested that parents should not be informed because this may lead to an angry encounter that could potentially place the dentist, the office personnel or the child at risk. As well, the dentist may be persuaded not to report the event if it is discussed with the parents.¹⁶

In Canada, there are several agencies that can receive a report and arrange an investigation. These include the nearest RCMP or municipal police detachment, or the government ministry responsible for child and family welfare. One of the most effective methods for reporting suspected abuse anywhere in Canada is to dial 0 and ask for Zenith 1-2-3-4, which is the telephone number of the Helpline for Children. The Helpline will put the caller in direct contact with investigative authorities.

After a report is filed, child and family services authorities will conduct an investigation. Actions may range from providing the family with counselling and support to temporarily or permanently removing the child from the home. In cases where a criminal investigation is warranted, which means police involvement, the child protection agency and police work together. The dentist who initially filed the report can ask to be kept informed as to the progress of the investigation.

Advocacy for the Child Patient

Dental offices can facilitate community awareness of child abuse and neglect in several ways. Pamphlets on abuse and resource materials from community agencies can be displayed in the waiting room. These materials not only provide valuable information on the problem and where to receive help; they also send a message to all patients that the office is vigilant about child maltreatment. Participation by dentists and dental office personnel in organizations concerned with ending family violence can help raise community awareness and improve the profession's public image. All members of the office staff

should become familiar with the signs of abuse and be encouraged to pursue continuing education on the subject.

Summary

Protection of a mistreated child must be our main concern. If in doubt, it is better to err on the side of safeguarding the child. Abused children and children who witness violence between parents are at an increased risk of growing up to be abusers themselves. Thus, every time we prevent an individual from being abused, we may be protecting future victims as well. Recognizing and breaking this intergenerational cycle of violence is everyone's responsibility. Dentists have an opportunity to take a proactive role in helping these victims.

Dental health personnel are encouraged to consult the expanding body of literature on this subject to increase their understanding of the nature and prevalence of violence in its many forms. More information is available in *The Family Violence Handbook for the Dental Community*, which can be obtained by contacting the National Clearinghouse on Family Violence at Health Canada, Ottawa, ON K1A 1B5 (Toll-free tel.: 1-800-267-1291). ♦

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CDA Resource Centre

The CDA Resource Centre has several information packages to help dental professionals increase their knowledge and awareness of all forms of abuse, including child and elder abuse. Contact the Resource Centre at 1-800-267-6354, ext. 2223, or at info@cda-adc.ca.

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