

# Child Abuse



# The Role of the Pediatric Dentist

The role of the pediatric dentist in child sexual abuse is not as clear as for other forms of child abuse and neglect because of :

1. Sexual child abuse often occurs without physical findings.
2. The dentist may be unwilling to address the sexual abuse issue because of its possible negative repercussions.
3. Dentists often are not equipped to do the necessary testing.
4. Dentists may not be aware of the oral manifestations of venereal disease or other oral sexual lesions.



**Some signs and symptoms** of child sexual abuse which might alert a pediatric dentist to consider further evaluation are the following:


1. Physical findings of venereal disease
2. Pregnancy in a child younger than 12 years of age
3. Signs of physical abuse
4. Direct reports from children.

**A second level indicator which may suggest sexual abuse** includes :

1. A child's preoccupation with sex or a precocious sexual interest.
2. Nonspecific behavioral associations include social withdrawal and isolation, underachievement, and low self-esteem.







*Sticks and Stones  
may break my bones  
but ...*

**Verbal Abuse**  
*may never heal*

### 3. Psychological/Emotional Abuse

Also known as: **verbal abuse, mental abuse, and psychological maltreatment**

Acts of omission by a parent that may lead to serious behavioral, cognitive, emotional, or mental disorders.

Constantly blaming or putting down a child; excessive yelling, shaming, social isolation, rejection, humiliation and placing unrealistic demands on a child.



# Signs of Psychological Child Abuse:

1. Depression and hostility.
2. Shows extreme in behavior such as over demanding or extreme passivity.
3. Attempted suicide.
4. Low self esteem.



## 4. Neglect

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.





# Dental neglect

Dental neglect, as defined by the American Academy of Pediatric Dentistry, is the “willful failure of parent or guardian to seek and follow through with treatment necessary to ensure a level of oral health essential for adequate function and freedom from pain and infection.”





Caregivers with adequate knowledge and willful failure to seek care must be differentiated from caregivers without knowledge or awareness of their child's need for dental care .



# 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.



# EFFECTS OF DENTAL NEGLECT

Dental neglect can have long lasting impact on

## Oral health:

Severe pain.

Severe acute & chronic infection and damage to underlying permanent teeth.

## General health:

Reduction in body weight, growth and quality of life.

Loss of sleep.

Time off school and interference with playing and socialization.

## Psychological Health:

Increased risk for psychiatric problems.

number of developmental problems, including dissociative symptoms, anxiety, depression .

Abnormal social – emotional development.

# What to Look For as Pediatric Dentist ????

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





# Clinical signs of child maltreatment

## At reception

1. Routinely 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?



# Extraoral examination

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
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, cigarettes or bite marks.
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.



# Intraoral examination

1. Burns or bruises near the commissures of the mouth .
2. Scars on the lips, tongue, lingual frenum may indicate forced feeding.
3. Oral manifestations of sexually transmitted diseases.
4. A torn labial frenum is an intraoral finding that may indicate abuse.
5. The cause of hard tissue injuries due to trauma, such as fractured or missing teeth or jaw fractures, should be investigated.



# 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.

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.





**P.A.N.D.A.** (Prevent Abuse & Neglect through Dental Awareness) program to educate dentists and the entire dental team on how to identify the signs of abuse and neglect and report a suspected situation.

The mission statement of P.A.N.D.A. reads, “To create an atmosphere of understanding in the health care communities that will result in the prevention of abuse and neglect through early identification and appropriate intervention for anyone who has been abused or neglected.”



# Summary

Protection of a mistreated child must be our main concern.

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.



**“ Childhood is a time for storytelling  
and sharing surprises with friends. It’s  
not a time for abuse.”**



**SAVE**  
**THEM FROM THE**  
**FEAR**

**STOP ABUSE**  
**EVERY CHILD IS INNOCENT**



Gesture

